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Worldwide Report

EPIDEMIOLOGY



FOREIGN BROADCAST INFORMATION SERVICE

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3 September 1985

**WORLDWIDE REPORT
EPIDEMIOLOGY**

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INTER-AMERICAN AFFAIRS

BRIEFS

VENEZUELAN VACCINE FOR GRENADA--A Venezuelan military aircraft will begin flying in 45,000 polio vaccines to Grenada today as a gift from the children of Venezuela to the children of Grenada. The arrival of the polio vaccine follows the announcement that Venezuela's special ambassador to the Caribbean and Grenada's prime minister have agreed to upgrade diplomatic relations to the ambassadorial level. Until now, Venezuela has been represented in Grenada by only a charge d'affairs. The two countries also agreed to step up cooperation in technical and economic planning matters. [Text] [Bonaire Trans World Radio in English 1130 GMT 12 Jul 85 FL]

CSO: 3298/896

AUSTRALIA

BRIEFS

INFLUENZA OUTBREAK--Health officials believe that as many as 26 people have died from an influenza epidemic sweeping New South Wales. The chief health officer with the state's Department of Health, Dr Tony Adams, says those who have died have been old people who have succumbed because of the extra load on their already frail systems. Dr Adams said today the outbreak had been very scattered with attendances at some offices cut by half and others hardly affected. He recommended that people over 65 who have not yet had the virus should get vaccinated as should anybody of any age suffering from a chronic debilitating disease, especially heart or lung disease. [Text] [Melbourne Overseas Service in English 0830 GMT 17 Jul 85 BK]

CSO: 5400/4412

BANGLADESH

REPORT ON CHOLERA DEATHS PUBLISHED, DENIED

Over 10,000 Cholera Cases

Dhaka THE NEW NATION in English 28 Jun 85 p 1

[Text] Chittagong, June 27--Over 250 people have died of cholera and diarrhoeal diseases at Utrirchar and Sandwip islands so far and thousand of others have been suffering from the disease.

Official sources, however, confirmed 50 deaths and over 10,000 cholera cases.

The patients were being treated at different health centres at Bachua, Sandwip, Shiberhat and Kalapoanis. Twenty-six other temporary health centres were also operating in the affected areas, the sources said. Fifty doctors and 40 health officers with over 100 assistants were working at these centres. The sources claimed that there were sufficient medicines to combat the dreaded disease. The people of the affected areas, however, said the medical activity was confined only to the upazila proper and accessible areas. No medical aid has yet reached different coastal villages of Sandwip where road communication was too bad. Local people alleged shortage of hospital facilities and said many of the cholera patients could not get admission to any health centre and have been suffering at their own houses without any treatment. Meanwhile, scarcity of pure drinking water has led to deterioration of the situation. All tanks and ponds in Sandwip have been affected by saline water rendering those unusable. Adequate number of tubewells have not yet been sunk in many affected areas.

BSS adds: In addition to eight teams sent earlier, two more medical teams from ICDDR,B are now working in the cyclone and affected areas, a press release said.

They are treating diarrhoea cases, setting up field-hospitals for handling any epidemic situations and training local health personnel.

In addition ICDDR,B has also sent five medical teams to flood affected areas of Moulvibazar and different districts of north Bengal.

Experts Deny Report

Dhaka THE BANGLADESH TIMES in English 4 Jul 85 pp 1, 8

[Text] Chittagong, July 3—There is no trace of cholera germs nor there is any death because of cholera at Sandwip, reports BSS.

These are the findings of Dr K.A.H.M. Akram and Dr Yameen Majumder, both cholera experts from the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) and now working at Sandwip.

Expressing their total disagreement with a recent news item regarding the breakout of cholera in an epidemic form and death of a number of people at Sandwip on account of cholera, the doctors said today that they had examined all the sick persons and found no cholera germs in any of them. They claimed that those who died at Sandwip were attacked by diarrhoea and not cholera. We did not find a single death on account of cholera, the doctors asserted.

Diarrhoeal Situation

PID handout adds: Attention of the Government has been drawn to the news items published by a section of Press regarding overall diarrhoeal situation in the cyclone affected areas of the country.

In this context, the actual situation are stated below for the information of the public.

Necessary steps have been taken to combat the situation. Now, the overall diarrhoeal situation of the cyclone and tidal bore affected areas specially in Sandwip are in full control.

From 27 May to 3 July, 9 thousand 4 hundred and 75 diarrhoeal cases were reported in which 49 died. Out of these deaths, about 80 percent were children and they were taken to treatment centres in a very critical condition. All possible measures were taken but they could not survive. It was not true they died of cholera.

In Sandwip upazila 17 medical teams from Health Services and 10 medical teams from the ICDDR,B are working and Deputy Director of Health Services Chittagong Division and Civil Surgeon of Chittagong are supervising activities of the medical teams.

Necessary medicines and other logistics have been supplied to the affected areas.

Due to effective measures, incidence of diarrhoeal and diseases are gradually decreasing and there was no death during the last few days.

The main cause of the diarrhoeal diseases in these areas is lack of safe drinking water. For this reason in Sandwip and Urirchar area about 500 tubewells have been installed and more tubewells are being set up in this area.

CSO: 5450/0251

BANGLADESH

BRIEFS

NOAKHALI DIARRHEA CASES—Chittagong, June 23—At least 50 persons died of and 200 others were attacked with diarrhoeal diseases in the cyclone affected areas of Noakhali during the last two days. According to reports reaching here, one death was reported from Noakhali municipal area, seven from Sudharam upazila, four from Char Kalmi, four from Char Baishakhi and 28 deaths were reported from Begumganj upazila. Drinking water is still scarce in the affected areas of Noakhali. [Text] [Dhaka THE NEW NATION in English 23 Jun 85 p 1]

HOSPITAL TETANUS CASES—Chittagong, June 23—One person died and five others attacked with tetanus in different wards of Chittagong Medical College Hospital during the last one month. It is learnt that surgical operation remained suspended for two days while all patients of a gynac ward were removed due to the threat of the disease. However, affected patients were rushed to the Infectious Diseases Hospital at Kumira and the affected wards fumigated. Non pushing of anti-tetanus injection before surgical operation was stated to be the reason behind the outbreak of the disease. [Text] [Dhaka THE NEW NATION in English 24 Jun 85 p 2]

BLOOD DYSENTERY OUTBREAK—Blood dysentery has broken out in an epidemic form in Domar Upazila on Nilphamari district. It claimed at least 5 lives during the last few days. One child died and more than one hundred persons have been affected in village Mirjagani of Jorabari Union and 4 children died and more than two hundred persons have been affected in Gomnati Union under Domar Upazila. [Text] [Dhaka THE BANGLADESH OBSERVER in English 4 Jul 85 p 3]

MALARIA OUTBREAK REPORTED—Cox's Bazar, July 4—At least 30 persons died of Malaria and about 500 people have been suffering from the disease in Rupshahi village under Lama Upazila. Most of the victims died without having any medical treatment. No preventive measures have been taken. Moreover, Lama upazila hospital has been facing shortage of staff and medicine, it is learnt. [Text] [Dhaka THE BANGLADESH OBSERVER in English 6 Jul 85 p 7]

DIARRHEA IN BANDARBAN—Rangamati, July 7—Diarrhoea has broken out in an epidemic form at Thansi in Bandarban district. At least 14 persons died and several hundred have also been attacked with the disease. According to Bandarban Civil Surgeon's office a medical team headed by Dr Mustafa Kamal from Ruma Upazila headquarters went there and set up a camp for the treatment of the patients. Preventive measures have been undertaken. It may be mentioned here that there are no physicians in Thansi area. [Text] [Dhaka THE BANGLADESH OBSERVER in English 8 Jul 85 p 7]

MORE ON MALARIA—Chittagong, July 8—Twenty one persons have died of malaria over the last few days and at least 3,000 others have been attacked with the disease in Laxmi upazila of Bandarban district. Reports of malaria attacks have also been received from different areas of the entire Chittagong Hilltracts region comprising Rangamati, Khagrachari and Bandarban districts. A medical team from the upazila health complex of Laxmi visited the malaria affected areas in the upazila only to find that their efforts were too insufficient to cope with the situation. The disease has assumed an epidemic form with insufficient medicare available to the ailing. A medical expert told this correspondent that at present about three fourths of the patients from the Hilltracts region are cases of malaria. A small number of the malaria patients turn up at the upazila health complexes for treatment while the others from remote areas either fall victim to quacks or go without treatment. Meanwhile, a survey report says that about three percent of the entire population of Chittagong Hilltracts—seven lakh—die of malaria every year. [Text] [Dhaka THE NEW NATION in English 9 Jul 85 p 1]

MORE TETANUS DEATHS—Meherpur, July 11—One person died of tetanus and five others were attacked with the disease at Meherpur Sadar Hospital during the last 10 days. It is learnt that surgical operation remained suspended for two days while patients of the gynae ward have been suffering from the disease. However, affected patients were rushed to the Infections Diseases Hospital at Kumari. Non-pushing of anti-tetanus injection before surgical operation was stated to be the cause behind the disease. [Text] [Dhaka THE NEW NATION in English 12 Jul 85 p 2]

JOONATIC DISEASE REPORTED—Chalanbeel (Pabna) June 28—Two persons died and 35 others were attacked with joonatic disease infected from bad beef at Chalanbeel recently. It is learnt that the uncommon disease has broken out in four villages, namely, Sachandighi, Makorson, Soguna and Nadosaipur under Tarash upazila which attacked the cows there. Four of the cows were later on slaughtered by the villagers and their meat eaten by them. After eating the meat their hands, face and chest suddenly became swollen and started pain and of them, one Rekab Ali, 55, of village Sachandighi, and another, Abdul Momin of village Nadosaipur, died within three days of taking the meat while several others were undergoing treatment. When contacted, the local livestock official failed to give any satisfactory answer about the disease. But an Animal Husbandry official said that it was joonatic disease. There are eight kinds of diseases that can infect from animal to human body, he added. [Text] [Dhaka THE NEW NATION in English 30 Jun 85 p 2]

DIARRHEA IN KUSHTIA—Kushtia, July 4—Reports of sporadic attacks of diarrhoea are reaching medical camps to control diarrhoea epidemic in the housing estate situated on the outskirts of Kushtia town. This correspondent gathered that more than 300 persons were attacked out of whom 60 persons were admitted to the sadar hospital. One person died, some hundreds got their treatment in the medical camps on the spot. Civil Surgeon informed that contamination of drinking water in the supply lines is cause of this outbreak. [Text] [Dhaka THE BANGLADESH TIMES in English 5 Jul 85 p 2]

CSO: 5450/0253

BELGIUM

WORKING GROUP FORMED TO COMBAT AIDS

Brussels LE SOIR in French 8 Jul 85 p 3

/Text/ Three weeks after its decision to trace blood donation-linked AIDS cases systematically, our government is continuing its action to halt the meteoric progression of the disease by setting up a committee (which will have nothing academic about it), that will gradually make use of all findings gleaned from the preventive analyses.

The role of this specific working group, an offshoot of the Supreme Health Council, was well defined by minister Firmin Aerts, whose responsibilities include public health.

Its primary task is to maintain the relatively favorable situation that our country currently enjoys (99 officially reported cases), as a result of which there are proportionately few cases among the native population (15 to 18, including five who spent time in Africa). Moreover, no contamination has resulted from a transfusion.

Furthermore, the committee will supervise the systematic tracing of antibodies, made obligatory as of 1 August, in all blood drawn for transfusion purposes. It will also organize complementary investigations of blood samples found positive during tracing, which will make it possible to furnish complete information to the persons concerned. The committee will determine the form and content of this information, to ensure both its effectiveness and psychological acceptability.

Moreover, besides formulating all proposals useful in protecting blood products and derivatives used in Belgium, the committee is also responsible for anything that might contribute to the prevention of AIDS and the management of virus carriers. It will concern itself with groups that are at risk, not only to prevent them from donating blood, but also to attempt to limit, even check, the spread of the disease at their level. Finally, the committee will also concern itself with those whose profession brings them into contact with AIDS patients.

After stressing that this was just the beginning of a long battle and that there would be no lack of ethical and technical problems, the minister concluded on a hopeful note. He also briefly pointed out that among the 22 persons make up the committee, there were, obviously, representatives from the Supreme Health Council, the administration, the Red Cross, university representatives, etc.

We will cite two names that struck us because we have mentioned them several times in commentaries on AIDS research in Belgium: Dr Nathan Clumeck (ULB-St Peter's Hospital) and Dr Lise Thiery, of the Pasteur Institute in Brabant.

9825

CSO: 5400/2548

BRAZIL

BRIEFS

AIDS REPORTED SPREADING--It has been confirmed in Sao Paulo that at this time an AIDS case is being recorded every day. [Begin relay by reporter (Maria Cida)] AIDS (Acquired Immune Deficiency Syndrome) has already reported in two Brazilian states. In Sao Paulo, a case is being reported every day and projections suggest that by yearend, nearly 1,000 persons will be reported suffering from AIDS throughout the country. These data were supplied by the Health Secretariat of Sao Paulo State. Next to us is Professor (Ricardo Veronese), who is the head of the department of infectious diseases of the University of Sao Paulo Medical School and president of the Brazilian [word indistinct] Society. Professor (Veronese), do these data actually reflect the true AIDS situation in the country? [Begin (Veronese) recording] At least, I believe that these data are realistic. The reporting is done in an unreliable manner. Most cases are reported by telephone. In 40 to 50 percent of the cases not even the age of the patients is known and if [word indistinct] that it is an unreliable report. On the other hand, because this is a disease affecting stigmatized groups, I believe that most individuals are hiding their identity, are hiding the disease. Thus, I believe that at least those data are realistic [word indistinct] the critical review I made. [End recording] [End relay] [Text] [Sao Paulo Radio Bandeirantes Network in Portuguese 1000 GMT 24 Jul 85 PY]

CSO: 5400/2076

COLOMBIA

LACK OF FUNDS FOR TREATMENT CENTERS LEADS TO RISE IN LEPROSY

Bogota CROMOS in Spanish 2 Jul 85 pp 32-34

[Text] At one time it was believed that the terrible legend of leprosy and leper colonies was past. This was ancient history from Biblical times or the dark ages. The disease was soundly defeated by science with the final blow to come at the end of the 1980's with the discovery of a vaccine that protects against the so-called Hansen bacillus. However, there is the possibility of going backward in Colombia and again establishing leper colonies as an emergency measure to confront an unusual outbreak of leprosy. In the last 5 months, 400 new cases have been recorded in the country.

According to experts, the reason is that the government closed 35 national centers to treat leprosy. The only specialized center--Hospital Federico Lleras--faces a serious crisis at all levels. The employees go months without receiving any pay. They went on strike for a week last 15 May, the only way they could receive part of the 4.5 months of wages owed them.

In addition, Hospital Federico Lleras is administratively adrift since it does not now belong to any branch of MINSALUD [Ministry of Public Health]. It might be annexed to the SEM [National Service for Malaria Eradication], an organization that is even worse; it is completely paralyzed in departments like Chaco. The future is not at all rosy.

Disease Can Spread

The figures provided by the assistant director of the hospital, Jorge Reyes, show a serious increase: in the last 2 months, 38 new cases were recorded. Some 200 patients arrive at the capital weekly in search of treatment because of the massive closure of regional health posts. It is estimated that only 7,000 of the 50,000 patients receive any medical care at all. The others do not find medical care or simply do not care about being cured. These are the ones who have active germs. The disease can spread after any kind of direct contact. However, it should be explained that 90 percent of the population is not likely to catch it. There must be a special predisposition.

The hospital has a medical brigade for Cundinamarca that is now at a standstill. The government health plan ordered that the brigade must depend on the department. The latter argued that it was administratively incapacitated and does not have the budget for this.

The doctors have had no other choice than to spend their time on administrative work. These are the "wasted minds" of Hospital Federico Lleras. Meanwhile, about 500 people from towns in Cundinamarca have complained because they have not received help from the hospital for about 2 years. They say that the disease is spreading very rapidly. The same is true in Veredahonda (in Cesar), for example, where the incidence of leprosy is a concern.

The assistant director of Hospital Federico Lleras stated that the hordes of begging lepers mainly around the Church of San Francisco (at Septima and Jimenez) known by the nickname "oilmen" are brought from Agua de Dios (the famous leper colony) and managed by third parties. He denounced the fact that there is a real business set up with the lepers begging. This is also true of the "old clothes men" who regularly go door to door asking for clothing and money. However, one official, Andres Otalora, said that most of the "oilmen" are new patients or lepers from other parts of the country. He stated: "The increase in beggars with leprosy is scandalous."

Leper + Politician = Health Plan

At the same time the SEM employees went on strike last week to protest not being paid, some 200 lepers from Choco went to Buenaventura and held a spontaneous rally demanding that the health posts be reopened. In a circular that was distributed to the mass media, they said that the government was on the verge of eradicating the disease in 1977. ("The rate of prevalence had dropped below .79 per 1,000.") Since the Health Plan required decentralization of leprosy treatment and left it in the hands of the health posts (without specialized doctors), the disease grew strong again. Now the prevalence is more than 1.4 per 1,000, according to the latest MINSALUD figures. Reyes stated that the plan has hurt medical care. "Not only is the patient not treated as he should be--with the specialized knowledge of doctors who have years of practice in the treatment of leprosy--at the health posts but, in many cases, politics has interfered. The 'cacique's' godchild was named director of one post without considering his professional and academic background. It would be different if the plan operated as it should. Since there has been a large increase in the rate, the problem will probably soon become unmanageable."

Hospital Federico Lleras sees an average of 30 patients with Hansen's disease each day. Most of them have serious lesions on their hands and feet. From time immemorial, culture has taught us that the leper is to be feared. Biblical passages make it clear that leprosy was a punishment from God: the leper came from the devil himself. In the dark ages, they were not permitted to enter cities. They all carried little bells that they rang so that healthy people would hide while they passed. The Spaniards imported the disease and spread it throughout Magdalena. This region still suffers frequent outbreaks. Leper colonies (real concentration camps) like Cano de Loro, Contratacion and Agua de Dios appeared at the end of last century. That century-long tradition cannot be erased with the simple announcement that leprosy is not contagious. This can be seen when one of the patients arrives at the waiting room of Hospital Federico Lleras. The other patients (many people go there for dermatological problems) move away or decide to leave. It is the cross that every leper must bear. The treatment is relatively cheap but long (about 5 years). Their fate now depends on what is adopted at the government level, according to Reyes. If things are left as they are, it might soon be necessary to again resort to leper colonies. This would be like returning to the horse-and-buggy days.

CONGO

BRIEFS

U.K.-FUNDED HOSPITAL--The UK's Bovis International is nearing finalisation of negotiations on finance for construction of a 200-bed hospital at Loubomo. The UK Export Credits Guarantee Department (ECGD) could provide backing for part of the funding required from the estimated US\$101.3-million cover it is at present providing for the Congo. [Excerpt] [Johannesburg ENGINEERING WEEK in English 20 Jun 85 p 31]

CSO: 3400/845

CUBA

INFANT MORTALITY RATE UP FOR FIRST THIRD OF YEAR

Havana BOHEMIA in Spanish No 22, 31 May 85 pp 46-47

[Article by Janet Salva: "Increase in Demand on Individual Responsibility is Needed"]

[Text] The infant mortality rate has increased in the first 4 months of this year compared to the same period in 1984, according to a report issued by the Mother and Child National Plenary Meeting that was held at the MINSAP [Ministry of Public Health]. The provinces with the highest rates were Guantanamo, Granma and Holguin, with 19.5, 19.4 and 19.3 [deaths per 1,000 births] respectively. Birth defects, respiratory diseases, congenital pneumonia, sepsis and meningitis were the leading causes of death.

It is well known that a decline in infant mortality was reported last year in our country, when a rate of 15 deaths per 1,000 births was recorded. In the first third of this year, however, the rate increased to 16, with an accompanying increase of 4,180 births. As a result of this, a study was conducted of all the risk factors involved, such as biological, prenatal and postnatal, and health education and medical treatment, as well as objective and subjective causes occasioned by the application of the mother and child care program.

It is obvious that this increase and its causes compel us to continue our work at genetic counseling with couples that may have hereditary problems and to upgrade pregnancy and prenatal care of women who are in the high-risk category, and to optimize delivery standards, selecting the most qualified personnel for this procedure. Similarly, neonatal services should be improved for the treatment of the underweight newborn or of those afflicted with other life-threatening illnesses.

All of the foregoing points to the necessity of making increased demands on individual responsibility because an increase in infant mortality is unacceptable in a country like ours that spends so lavishly on public health, and particularly on mother and child care.

In this regard, MINSAP Vice Minister Dr Abelardo Ramirez said that infractions of basic hygienic and epidemiological standards are inadmissible, as are the violations of standards of medical care established at delivery and

predelivery rooms, at neonatal facilities, medical duty watches and the wards for the treatment of acute respiratory and diarrheic diseases.

He also proposed that meetings on hygiene and all health education methods should be revitalized, and that greater precision should be achieved in the diagnosis and timely treatment of infectious neurological syndromes.

"It would be well," he proposed, "if we made greater use of timely criticism to bring our work to perfection and to bolster correct performance, so that we optimize the technological gains we have made in the last few years in the field of delivery care and in the timely diagnosis of congenital defects, as in the proper use of our intensive therapy wards for children."

12674
CSO: 5400/2068

CZECHOSLOVAKIA

TICK-CARRIED ENCEPHALITIS IN SLOVAKIA

Bratislava PRAVDA in Slovak 29 Mar 85 p 4

[Article by Miliota Cresikova, corresponding member of the CSAV and SAV:
"Tick-Carried Encephalitis"]

[Text] Natural foci of tick-carried encephalitis in Slovakia are located at the foothills of the Male Karpaty mountains, the Pohronsky Inovec range, Tribec, the Kovacovske Hills and in the South Slovakia Karst. [The disease] is transmitted to man primarily by the common tick (*Ixodes ricinus*) which is most prevalent in our natural foci in the springtime, i.e., in April and May.

The tick encephalitis virus circulates in nature without human participation. In natural surroundings it is transmitted mainly by the common tick (*Ixodes ricinus*), [stepny] tick (*Dermacentor marginatus*), wood tick (*Haemaphysalis inermis*) and [luzny] tick (*Dermacentor reticulatus*).

The tick encephalitis virus enters the tick's digestive tract in the blood of the viremic host sucked by the tick and multiplies in the tick's organism. Once infected, the tick may retain the virus through its life. The virus is transmitted from one developmental stage of the tick to another. In individual natural foci the rate of infected ticks varies and changes in the course of one calendar year as well as over the years. The confirmed tick infestation rate in Slovakia was 0 - 4 percent in 1971-1982.

The most important role in maintaining the cycle of tick-carried encephalitis is played by ticks which suck blood and thus, transmit the multiplied virus through saliva to receptive host organisms. After the virus had multiplied in the host organism, viremia develops in its blood and in its course additional uncontaminated ticks may be infected while sucking the infected blood. We identified several species of small rodents and insectivores as hosts of the tick encephalitis virus.

The disease in humans may follow a mild course and even pass unnoticed, but in other instances it has serious consequences and in rare cases it may be fatal. Its first symptoms are high fever, headache, general lethargy and malaise.

The illness may proceed in one or two stages. In the two-stage course the conditions improves after a few days, after which the temperature rises again and headaches, stiff neck, vomiting and other symptoms of encephalitis and meningitis appear. Our tests of the sera from healthy individuals in natural foci of tick-carried encephalitis confirmed that most of the inhabitants of those areas had overcome the disease without any clinical symptoms.

The tick encephalitis virus was detected for the first time in 1948 in Bohemia in the vicinity of the town of Beroun. Since that time cases of this illness have been reported annually sporadically as well as on mass scale (epidemics), namely, the notorious epidemic in Roznava in 1951 and the epidemics reported in 1953 in various Central European countries. Last year we confirmed 79 cases of tick-carried encephalitis in Slovakia. We proved that a person may be infected not only by the tick (*Ixodes ricinus*) but also by drinking unboiled goat's milk and eating sheep's cheese.

Results of laboratory tests confirmed the elimination of tick encephalitis virus in goat's milk. Furthermore, we proved that said virus is eliminated in sheep's and cow's milk. Scientists in Poland confirmed that the disease might be contracted by drinking unboiled cow's milk. Microepidemics of tick-carried encephalitis occurring after the ingestion of sheep's cheese were described by Slovak experts.

In the past tick-carried encephalitis and meningitis were considered incurable. Modern science has progressed so far that the disease may be treated and prevented.

What should we do if we get bitten by ticks and fever develops? If the physician in charge suspects a case of tick-carried encephalitis, he will send specimens to our virological laboratory. Our laboratory will test the serum for the presence of tick encephalitis antitoxins. We are able to complete such tests in 3 days. In case of clinical disease we recommend bed rest and administration of immune human serum or of immune human gamma globulin.

We can protect ourselves against ticks with appropriate clothing. After a walk in the woods we inspect our bodies for ticks that might be attached to them. We grasp the attached ticks by their heads and remove them immediately with firm tweezers and then we disinfect the wound. Furthermore, we may use repellants for protection against ticks.

In areas known for the incidence of the disease we recommend drinking of pasteurized or boiled milk.

The most effective method of protection is vaccination. The vaccine against tick-carried encephalitis is manufactured in the USSR and Austria.

In our country we are using the vaccine from both [countries] for preventive protection of workers exposed to infection. In addition, we are now developing our own vaccine against tick-carried encephalitis in our laboratories.

Our achievements in research of tick-carried encephalitis conducted by the Virological Institute OF THE SAV [Slovak Academy of Sciences] are recognized in the world and therefore, the World Health Organization (WHO) established in that institute the WHO Cooperative Center for Arboviruses (viruses transmitted by arthropods) for Central Europe.

9004
CSO: 5400/3006

GREECE

TENTH AIDS VICTIM IS 8-YEAR OLD CHILD

Athens I KATHIMERINI in Greek 1 Aug 85 pp 1, 3

[Text] While concerns for AIDS infection are reaching panic proportions in Europe and America, in Greece, the results of laboratory tests on the child hospitalized at "Aglaia Kyriakou" Hospital were positive. The boy is actually stricken with Acquired Immune Deficiency Syndrome--AIDS. Thus, the number of those stricken with our country has reached ten.

Also positive were the results of the laboratory tests for the other child, an 11-year old girl. It is not certain, however, that she has been stricken with AIDS because the results of the tests are not confirmed by family history.

In the meantime, as the director of Pediatric Clinic II of "Aglaia Kyriakou" Children's Hospital, Dr. Papadatos stated to KATHIMERINI, the 8-year old boy has been transferred to a room away from the other children so that he may not be infected by other diseases.

The presence of the virus in the 8-year old boy, Dr. Papadatos stated, was confirmed by three indispensable elements of proof. That is, he showed the opportunistic infection as well as the typical clinical symptoms of the disease, while the positive test results of the laboratory of the Public Health School confirms the infection of the boy by the deadly illness. Despite all this, it appears that the danger to the boy is greater because of his primary illness, which is Mediterranean anemia, and not because of AIDS.

It should be noted that all the blood donors, who have been examined to date by the Public Health School, were found to be free of AIDS anti-bodies.

Referring to the results of the tests to confirm the disease, the director of the laboratory of YSA [Athens Public Health School] Papaevangelou stated that the two children received the positive anti-bodies of the virus either from the frequent transfusions they received (it is known that both had received many transfusions) or from the use of commercial blood components that are imported from America.

The Ministry of Health

"A tenth case was reported today at the Ministry of Health. In our country we have an extremely limited experience with Acquired Immune Deficiency Syndrome.

For this reason, we always take instructions both from WHO and from other countries that have greater experience with regard to AIDS."

This was pointed out to reporters yesterday by deputy minister of Health and Welfare, Mr. G. Floros, in the presence of the director of Public Health, Mrs. Stefanou, emphasizing that in our country the problem is the 3,000 children suffering from Mediterranean anemia, who receive multiple transfusions. This is very significant if one takes into account that the primary means of contracting AIDS, other than by sexual contact, is by blood transfusions.

In the meantime, people should not be concerned, Mr. Floros added. The appearance of the virus through blood transfusions is extremely rare. On the other hand, as Mr. Papadatos emphasized, based on current known facts, only one person in 100,000 receiving transfusions is stricken by the deadly virus.

9731
CSO: 5400/2551

GREECE

BRIEFS

LATEST AIDS VICTIM—Giasemakis—who had been treated at three Athenian hospitals before being transferred to the Sismanogleio Hospital—had the well-known AIDS symptoms, i.e. fever, weakness and diarrhea. When he was brought to the hospital the doctors' fears that he had AIDS were reinforced by the fact that he had worked in Zaire for 2 years. The AIDS virus comes primarily from there. At the international hematology congress held in Monaco it was mentioned that research conducted in Central Africa revealed that the illness does not affect only homosexuals or drug users. Dutch and African doctors found many persons stricken with the illness in both Zaire and Rwanda who did not belong to either category. It should be pointed out that one of the causes of AIDS is the constant change of sex partners. Ilias Giasenakis was a bachelor living with his parents. Under persistent questioning by doctors who followed his case he denied being a homosexual. Prof G. Kosmidis, director of the Sismanogleio Hospital Pathology Clinic, told I VRADYNI the following: "He was initially stricken with two kinds of infection, the first being leishmaniasis that he contracted in Greece and the second being a general form of herpes. Laboratory tests showed that he had contracted AIDS." Text / Athens I VRADYNI in Greek
11 Jun 85 p 77 5671

CSO: 5400/2546

GUATEMALA

BRIEFS

TYPHOID OUTBREAK--Dr Ramiro Rivera Alvarez, Minister of Public Health and Social Welfare, acknowledged yesterday to journalists that an epidemic of typhoid fever has broken out in Retalhuleu Department, and is being fought by special teams from the Department of Epidemiology. The Health Minister said that at the moment he is aware of eight confirmed cases in San Sebastian municipality, which were detected through the corresponding laboratory tests. Dr Rivera Alvarez said that in Nuevo San Carlos as well there are seven persons with typhoid fever and it is feared that there are other cases which could spread in the farms, villages, and towns of that region. The teams assigned to those places have begun to carry out mass vaccinations, while another group is carrying out a type of tracing operation in order to detect new cases and also to make the pertinent recommendations on preventive measures that should be taken to avoid the spread of this epidemic to other places. [Guatemala City PRENSA LIBRE in Spanish 19 Jul 85 p 12]

CSO: 5400/2082

HONG KONG

HEALTH OFFICIAL GIVES STATISTICS ON MALARIA

Hong Kong HONGKONG STANDARD in English 11 Jul 85 p 4

[Text]

A TOTAL of 72 imported cases and one indigenous case of malaria were reported during the first six months of this year, the Director of Medical and Health Services, Dr Rudy Khoo, revealed yesterday.

However, he said the increase corresponded with the global situation, particularly among Asian countries.

Dr Khoo, replying to questions from an unofficial member, Dr Henrietta Ip, named Pakistan, India and China as the countries which had contributed mostly to the imported cases.

Other countries included the Philippines, Thailand and Indonesia, he said.

Dr Khoo also stressed that imported cases accounted for 90 per cent of all reported cases of malaria.

The number of imported cases in the last four years

from 1981 were 61, 77, 94 and 101, respectively.

During the same period indigenous cases totalled one, one, 30 and 10, respectively.

Regarding the government's work in monitoring and controlling malaria, Dr Khoo said "an operational manual on the investigation and management of malaria" had been compiled for the guidance of medical and other staff.

The committee also made recommendations on the prevention and control of malaria.

On this basis, various measures were implemented by the Medical and Health Department and the Urban Services Department.

These include a surveillance system, vector mosquito control, health education, laboratory facilities and staff training.

CSO: 5450/0238

HONG KONG

HONG KONG'S FIRST CHOLERA CASE IN 8 MONTHS REPORTED

Hong Kong SOUTH CHINA MORNING POST in English 10 Jul 85 p 1

[Text]

Hongkong's first case of cholera in eight months was confirmed yesterday.

A 73-year-old woman, who had been admitted to a hospital for diarrhoea and vomiting last week, was confirmed yesterday to be suffering from cholera.

The Medical and Health Department classified the case as a local one as the woman has not recently travelled outside Hongkong.

The woman is in a satisfactory condition in Princess Margaret Hospital.

"There is no immediate need to declare Hongkong an infected area because there is no evidence of a spread of infection from this primary case," a spokeswoman for the Medical and Health Department said.

Members of the woman's family have been examined and have no symptoms of the disease, she said.

The patient was admitted to a Government hospital on July 4, suffering from diarrhoea and vomiting and was transferred to the Princess Margaret Hospital after clinical and laboratory investigations confirmed that she was suffering from the "El Tor" strain of cholera.

The public has been warned to take extra care with hygiene in the summer months. The spokesman said people should be careful about the consumption of food and drinks as cholera is transmitted through contaminated food and water.

CSO: 5450/0237

HONG KONG

BRIEFS

MORE TUBERCULOSIS REPORTED—The number of new tuberculosis cases reported during 1984 showed an increase of more than 500 over the previous year. An official of the Medical and Health Services Department said public awareness to the disease had led to more cases being reported. Last year there were 7,843 cases, an average of 146 TB cases per 100,000 population. During 1983, the average was 137 cases per 100,000 population. One reason for the increase in the number of cases was the economic climate. The official said with the high cost of living and rate of inflation during 1983, workers in general were under constant strain which, in effect, reduced their resistance to diseases. Meanwhile, of the notified infectious diseases recorded during the last year, the most pronounced was an outbreak of chickenpox during the first half of last year. The number of cases exceeded 2,400 of which 1,364 were reported from January to March and another 777 from April to June. The number dropped drastically to 112 and 153 during the last two quarters of the year. During 1983, there were only 1,228 cases of chickenpox. The only time when the number surpassed the 2,000 mark was in 1980 when 2,176 cases were recorded. [Text] [Hong Kong HONGKONG STANDARD in English 5 Jul 85 p 3]

CSO: 5450/0236

INDIA

MALARIA REPORTED ON INCREASE IN CALCUTTA

Calcutta THE TELEGRAPH in English 4 Jul 85 p 1

[Text]

Calcutta, July 3: The outbreak of malaria is on the rise in Calcutta and the districts of West Bengal. According to figures available from the state health department here today, 27,240 cases of malaria were reported in Calcutta last year, against 19,775 cases recorded in 1983. In the districts, there were 50,624 cases of malaria last year, against 46,000 in 1983.

The number of deaths from the disease has also increased between 1983 and 1984. Six malaria patients had died in hospitals in the districts last year, against four deaths in the previous year. While no death due to malaria was recorded in the city in 1983, two persons died of the disease in city hospitals last year.

Mr Ramnarayan Goswami, minister of state for health, met the chief medical officers of the districts and the superintendents of the city hospitals today to chalk out a programme to control the outbreak of malaria in the state.

Later, Mr Goswami told newsmen at Writers' Buildings that the health department would observe a special malaria eradication fortnight from July 22. During the fortnight, health officials and doctors will record malaria cases, arrange free treatment of malaria patients and take preventive measures against the spread of the disease.

The minister blamed the Met-

ro Railway authorities for the spread of malaria in Calcutta. He said accumulated rain water at the Metro construction sites was the breeding ground of mosquitoes.

Health officials and doctors present at today's meeting also expressed concern over the rising trend in the cases of blindness in the state. They felt that the Centre should help expedite the national blindness prevention project's work in the state. Altogether 44,787 people were treated for eye ailments, mainly cataract, under the project till March this year.

Mr Goswami said the government had sanctioned a proposal to open separate eye departments in 100 primary health centres at today's meeting. There are at present 200 primary health centres in the state with separate eye departments. He said the state government had asked the Centre to supply at least one mobile ophthalmic unit for each district. Only three such mobile units are operating in the state. The Centre had sanctioned two more vans this year.

The minister admitted that his department was not receiving regular reports from the districts. Mr Goswami said he had asked the district health officials, particularly those attached with the project on prevention of blindness, to supply up-to-date reports by July 31.

CSO: 5450/0231

INDIA

BRIEFS

ENCEPHALITIS OUTBREAK ABATING--ENCEPHALITIS CASES (TOINS from Bangalore): Encephalitis (brain fever) which had claimed 41 lives in Mandya district since April is showing signs of abating. The health minister, Dr. H. L. Thimme Gowda, told newsmen that though 107 cases were reported since the outbreak of the disease, no fresh attacks had been reported in the last fortnight. While the incidence of the disease was severe in Mandya district, there were stray cases in Tumkur and Bangalore districts also. Since only symptomatic treatment was available for the brain fever, the government had isolated the areas affected by the disease. Intense spraying operations have been launched to eradicate mosquitoes believed to carry the virus. [Text] [Bombay THE TIMES OF INDIA in English 3 Jul 85 p 12]

TETANUS CASE--Calcutta, July 3--Admission of patients at the North Sunderban Hospital in Cossipore in north Calcutta has been stopped from today following an outbreak of tetanus in the surgical department, according to the hospital superintendent. Admission to the maternity ward has also been restricted, the spokesman added. [Text] [Calcutta THE TELEGRAPH in English 3 Jul 85 p 2]

GASTRIC DISEASES REPORTED--Calcutta, July 3--A large number of cases of diarrhoea and bacillary dysentery have been reported from Canning block II, Swaroopnagar in 24-Parganas and in the rural areas of Malda district, according to information available from the state health department today. Last year, hundreds of people had died after being afflicted by the disease in the state. Mr Rammayyan Goswami, minister of state for health, said here today the government had sent medicines and packets of antidehydration salt to the affected areas. He, however, said cases of diarrhoea, during the monsoon, were common in the rural areas of the state every year. [Text] [Calcutta THE TELEGRAPH in English 3 Jul 85 p 2]

BOMBAY GASTROENTERITIS DEATHS—Bombay, July 9—Thirteen persons died of gastro-enteritis in Greater Bombay in June alone, the public health department of the municipal corporation said today. A total of 748 cases were reported last month, it was stated. Only 385 cases had been reported in June last year and there had been only two deaths. The number of cases recorded this year with the number of deaths in brackets were: January 173 (4), February 164 (1), March 337 (5), April 402 (7) and May 497 (3). In each month, there has been a substantial rise in the figures over those of last year. The heavy rains and the prolonged water-logging had led to a rise in the incidence of the disease last month, a civic official said. Underground suction tanks in a number of places had been contaminated during the floods, he said. The corporation has already warned people to avoid exposed food, boil drinking water and milk, clean water storage tanks, whether underground or overhead and get themselves immunised against cholera. [Text] [Bombay THE TIMES OF INDIA in English 10 Jul 85 p 5]

GASTROENTERITIS IN ORISSA—Berhampore, July 9 (PTI)—Gastroenteritis has claimed 10 lives and affected hundreds of others in the past week in Orissa's Berhampore district, official sources said here today. The chief district medical officer has warned the people against drinking water from flooded rivers as examination of samples had shown that they were contaminated. The fatalities occurred in Badagada, Bamanpur, Balisira, Sidhagada, Gobindpur and Pitala villages, besides one reported from Aska town. [Text] [Calcutta THE TELEGRAPH in English 10 Jul 85 p 5]

CSO: 5450/0235

INDONESIA

MINISTER EXPRESSES DETERMINATION TO ERADICATE YAWS

Jakarta ANTARA NEWS BULLETIN in English 23 Jul 85 pp A1, A2

[Text] Jakarta, July 22 (ANTARA)--Health Minister Dr. Suwardjonon Surjaningrat has firmly stated that Indonesia was determined to eradicate framboesia as soon as possible, hoping that at the end of the current Fourth Five Year National Development Plan (Pelita IV) the spreading level of the disease could be slowed down.

The minister made the statement in his opening speech of an international meeting on framboesia in Cipanas, West Java, on Monday.

Suwardjono further stated that Indonesia launched eradication campaign against the disease in the Fifties, but due to the lack of control the disease had been spreading again in several regions outside Java and Bali, especially in Irian Jaya and East Timor.

The minister disclosed that services of the existing public Health Centres in Irian Jaya particularly had not been able to reach remote areas where the outbreak of the disease occurred. While in East Timor, the Portuguese colonialists had never launched a campaign against the disease, he added.

Minister Suwardjono expressed the hope that the three-day meeting would yield inputs for launching effective campaigns against framboesia in order to wipe out the disease from the earth.

The meeting is participated in by 23 delegates from various countries and international organization, such as Papua New Guinea, Sri Lanka, Solomon, the United States, Poland, Thailand, India, Somalia, Belgium, the World Health Organization (WHO) and Indonesia as the host country.

CSO: 5400/4414

INDONESIA

MALARIA CLAIMS LIVES IN NORTH SULAWESI

Jakarta KOMPAS in Indonesian 7 May 85 p 9

[Text] More than 10 children died of malaria during April 1985 in Sangir Talaud district, North Sulawesi. The disease has broken out on almost all of the islands in the Sangir Talaud island group.

Dr Kawatu, MPH, the head of the North Sulawesi zone office of the Department of Health, told a KOMPAS reporter last Tuesday that efforts to control the outbreak of malaria are continuing and that drugs are being sent to all health posts in the area. Although he would not give a specific figure on the number of deaths, he did say that the disease has claimed the lives of "more than 10 people, at the least."

The doctor also said that delays frequently occur in combatting diseases in this group of islands because of poor facilities for communication by sea. He noted that in October 1984 there was a delay in responding to an outbreak of gastroenteritis in Nanedakela village, North Tabukan subdistrict on Nusa island and that many lives were lost. "At that time we also learned of the outbreak too late. The seas were very rough," he said.

In order to overcome these frequent delays, plans have been made to obtain sailing vessels and use them as public health centers in this area. This recommendation already has been submitted to the national government. According to plan, one sailing vessel capable of carrying 5 to 7 persons, including the helmsman and operator, would be assigned to each cluster of islands. Ten vessels are needed to reach all of the residents of the area.

5458
CSO: 5400/4394

INDONESIA

BRIEFS

GASTROENTERITIS IN WEST JAVA--An outbreak of gastroenteritis occurred last week in 2 villages in the subdistricts of Pontang and Tirtayasa in Serang district and at least 3 of the 82 persons affected by the disease have died. Area residents reported the outbreak to the nearest public health center in Tirtayasa on Saturday morning, the 4th of May. The first victims of the infectious disease fell ill on Sunday night, the 28th of April. The disease has occurred primarily in children under 10 years of age, but several youths under 17 years of age and some elderly people have also contracted it. The victims reside in areas that are far distant from public health centers. A SUARA KARYA correspondent visited the areas in Pontang and Tirtayasa subdistricts where outbreaks of the disease had been reported. He reported yesterday that as of Saturday night, the 4th of May, 56 persons were still in critical condition. Dr Aris Adim, the head of the Serang District Health Service, confirmed that there have been 3 deaths from gastroenteritis in interior areas of the two subdistricts. The disease, which has been contracted by almost 90 people, cannot yet be called an epidemic because it can still be controlled through joint efforts, he said. [Excerpts] [Jakarta SUARA KARYA in Indonesian 8 May 85 p 6] 5458

CSO: S400/4394

JAMAICA

GOVERNMENT REPORTS RECENT DECLINE IN SOME DISEASES

Kingston THE DAILY GLEANER in English 18 Jul 85 p 18

[Text]

Increased immunization has contributed to a decline in some diseases over the last five years.

This was announced last week Tuesday by Health Minister, the Hon. Dr. Kenneth Baugh, when he made his contribution to the Sectoral Debate in the House of Representatives.

The Minister noted that there had not been a single confirmed case of poliomyelitis since the 1982 outbreak and there had been a decrease in incidences of measles, whooping cough, tetanus and diarrhoeal diseases.

He disclosed that in the case of polio, from a 64% level of immunisation in 1983, there was an overall 70% increase

in 1985. However, he added, levels varied from parish to parish.

He said there was an 88% coverage in Hanover and 80% coverage in Portland. Manchester, Trelawny, St. James, the Corporate Area and St. Mary all had immunisation levels between 70% and 80%, the Health Minister further disclosed. Other parishes were below 60%.

Turning to measles, Dr. Baugh said that many Jamaicans still did not take measles seriously, nor did they seem to know how debilitating it was. He told the House that in some countries there was a high mortality rate resulting from this disease.

He also disclosed that in 1981, there were 5,266 cases, moving down to 2,425 in 1982; 1,013 cases in 1983 and only 250 last year.

In the case of whooping cough, he said that there were 373 cases in 1982; 65 in 1983 and 26 cases last year.

In relation to tetanus (lock jaw), Dr. Baugh mentioned that there were eleven cases in 1980; ten in 1981; 14 in 1982 and six in 1984.

Dr. Baugh also noted a decline in diarrhoeal disease since the introduction of the Oral Re-hydration Therapy (ORT), a treatment for gastroenteritis developed by the World Bank.

CSO: 5440/082

KENYA

BRIEFS

LEPROSY FIGURES RELEASED—Kenya has at least 50,000 cases of leprosy, most of them in Western Province. The figures were released by the director of Leprosy Research Centre, in Busia, Dr Patrick Oregé at the close of a one-week seminar on physiotherapy management held at Alupe training unit, Busia, at the weekend. Dr Oregé noted, however, that only 10,000 cases were registered. Although the number of leprosy victims appeared negligible, a high percentage of the nation's population was exposed to the disease. Dr Oregé said the loss of manpower due to leprosy did not only affect victims' families, but the nation as a whole. He called on those affected by the disease to seek medical attention to avoid deformity. The doctor advised seminar participants to monitor the patients so complete rehabilitation could be achieved. The doctor in charge of Alupe leprosy hospital, Dr Adala, said that under the primary health care programme, the community was being involved in leprosy management and short courses were held for chiefs and their assistants. [Text] [Nairobi DAILY NATION in English 2 Jul 85 p 3]

CSO: 5400/168

LEBANON

BRIEFS

TYPHOID EPIDEMIC BREAKS OUT--According to reports from the south tonight, there have been several cases of typhoid in the township of 'Arab Salim. [Text] [Beirut Domestic Service in Arabic 1700 GMT 28 Jun 85 NC]

12 CHILDREN DEAD--Beirut, 1 Jun (AFP)--Twelve children under the age of 13 died Saturday in the Shatila Palestinian refugee camp here in an epidemic that might be cholera, a Palestinian spokesman said. Five women were also suffering from a high fever, he said. No doctor is still alive in the camp, the spokesman added. The camp has been besieged by Shia Moslem militia since May 19. Refugees who recently fled from the camp said several dozen families were still unwilling or unable to flee. They had taken refuge in the mosque and in a school. A few families were in houses with reinforced concrete roofs that were safer from bombardments than most of the shacks in the camp. [Text] [Paris AFP in English 2109 GMT 1 Jun 85 NC]

CSO: 5400/4508

MALAYSIA

JOHORE MOST DENGUE-PRONE AREA

Kuala Lumpur NEW STRAITS TIMES in English 19 Jun 85 p 4

[Text] KUALA LUMPUR, Tues.--Johore has the highest number of dengue-sensitive localities with an aedes house index greater than five per cent.

An analysis of anti-aedes activities carried out by the various Health Departments in May showed that 171 localities in 40 health districts in Peninsular Malaysia had an aedes house index greater than five per cent, a level of possible occurrence of dengue or dengue haemorrhagic fever.

Johore topped the other States with 77 sensitive localities followed by Kelantan with 21, the director of the vector-borne diseases control programme of the Health Ministry, Dr Chong Chee Tsun, said today.

The areas with an aedes house index above 10 per cent are Parit Tabur, Parit Botak and Parit Jalil in Batu Pahat District, Kampung Bagan Simpang Empat in Sabak Bernam District and Kampung Padang Lembu in Kuala Muda District.

A total of 168,741 houses were examined in May, out of which 1,823 were found to have breeding places for the aedes mosquito.

Dr Chong said Health Departments throughout the country were intensifying anti-aedes activities and advised householders to take every step to destroy possible aedes breeding places.

This is because the incidence of dengue and dengue haemorrhagic fever tends to increase during June, July, August and September.

CSO: 5400/4415

MALAYSIA

DENGUE CASES RISE

Kuching THE BORNEO POST in English 7 Jul 85 p 5

[Text] KUALA LUMPUR, Sat.—The recent increase in the number of mosquitoes in several areas in Selangor and the Federal Territory is due to public complacency, health director-general Tan Sri Dr Abdul Khalid Sahan said today.

He warned that if such attitude prevailed, the country might experience the same situation as in 1982 when 3,005 dengue cases were reported which resulted in 35 deaths.

The recent report that there was an increase in mosquitoes simply meant that there were more breeding grounds, Tan Sri Dr Khalid said.

He added that the public must get rid of all breeding grounds for mosquitoes, which could, in the case of Aedes mosquitoes--carriers of the dengue fever virus--include containers of clear water.

Meanwhile, the director of the vector-borne diseases control programme of the Health Ministry, Dr Chong Chee Sun, said 139 dengue cases with three deaths were reported in the country from January to Jul 3 this year.

He said Pulau Pinang had the highest number reported (28) followed by Perak (22), Sarawak and Sabah (18), Selangor and Kedah (17) and Kuala Lumpur (14).

Only Melaka was free of the disease while the other states had less than 10 cases, he added.

Dengue Cases

Dr Chong said the number of dengue cases this year was higher compared with the same period last year where only 107 cases were reported.

The ministry, he said, was taking steps to eradicate dengue fever in the country and was monitoring the situation daily.

Dr Chong added that the Health Department also carried out frequent fogging operations in dengue-prone areas.

CSO: 5400/4415

MEXICO

BRIEFS

ANNUAL RABIES MORTALITY STATISTICS--Jesus Kumate Rodrigues, health services undersecretary of the SSA [Secretariat of Health and Assistance], said yesterday that some 70 persons die annually in Mexico as a result of rabies, but the saddest thing is that these individuals could have saved their lives if they had reported to any health center and submitted to the treatment. The official acknowledged that the figure is very high, of alarming proportion--no one dies of it in the United States, he commented--and hydrophobia can be controlled and eradicated only by giving preventive vaccines to dogs and other transmitting animals. That is the only way. Dr Kumate stated the foregoing in a press conference yesterday on the occasion of the centennial of the first inoculation of the rabies vaccine, discovered by Louis Pasteur in France in 1885. Three years later, it was pointed out, Drs Eduardo Liceaga and Miguel Otero set up the first antirabic center of the continent in Mexico. There is evidence that the rabies virus can be contained and completely eliminated in Mexico inasmuch as there have been no recorded instances of deaths or infections in some states of the republic for several years. However, Undersecretary Kumate said, there are more than 1.8 million stray dogs in the Federal District alone which are potential transmitters of rabies to man. Some 80 percent of persons attacked by rabid dogs and other animals die for lack of attention. Those cases occur more frequently in rural areas. Only the 20 percent of infected people who submit to the 14 inoculations of the treatment save their lives, the official said. [Excerpt] [Mexico City EXCELSIOR in Spanish 11 Jul 85 p 5-A] 8414

CSO: 5400/2075

NIGERIA

BRIEFS

GUINEA WORM OUTBREAK--The sole administrator of Kankia local government in Kaduna State, Alhaji Ahmed Bawa has said that there was an outbreak of guinea worm in the area. Receiving the state governor, Air Vice Marshal Usman Mu'azu, who was on tour of the area, Alhaji Ahmed said that the disease was common in Musawa and its environs, because majority of the people in the area "use the raw water we have in the earth dams," due to lack of good drinking water in the area.. Air Vice Marshal Mu'azu promised that the government would look into their problems. [Text] [Enugu DAILY STAR in English 23 Jul 85 p 16]

CSO: 5400/179

NORWAY

HEALTH AGENCY DECLARES OFFENSIVE AGAINST AIDS

50,000 Cases By 1988

Oslo AFTENPOSTEN in Norwegian 11 Jul 85 p 5

[Article by Lars Fitjar: "50,000 With Infection By 1988: Offensive Against AIDS"]

[Text] Norway will have 50,000 carriers of the HTLV3 virus by 1988. This is the virus which gives AIDS. By the same year we will have at least 3,000 patients who will have become ill with the infection, but without having gotten AIDS. These patients will have a more diffuse illness of the lymph system, while 2 to 3,000 patients will actually contract AIDS.

These new estimates are based on AIDS preparedness work done by the Department of Public Health. Dr Stig Froland, director of the Rikshospital, who is on the Department of Public Health's AIDS committee, has told AFTENPOSTEN that intensive work is also going on in order to estimate what the AIDS epidemic will mean in terms of expenditure of money.

Dr Froland believes that the large number of carriers will make it impossible to set up special clinics where treatment is given to such persons only because they might carry an infection risk. This has been suggested, for example for dental treatment. Froland believes that such treatment would not be necessary provided health personnel are not infected by their work with AIDS patients.

Calculations on the number of patients in Norway by 1988 were made based on developments in other countries. Work on developing a vaccine has made only slight progress, and in any event will not have any significance for the trend in Norway during the first years, Stig Froland said.

Today it is estimated that one AIDS patient represents more than 1 million kroner in treatment costs. If those who will have died of AIDS by 1988 are counted, then between 5 and 6,000 patients will have to be dealt with, i.e. between 5 and 600 million kroner.

"In addition, we shall need to create hospital beds with this epidemic in mind. Comprehensive planning is required in this connection," Stig Froland said.

New Norwegian AIDS committee

The Department of Public Health has approved the creation of a new AIDS committee, to report directly to the Department's director. The new committee will receive a broader charge than the one we have had until now. In addition to following the course of the disease and suggesting supporting measures, the committee will be responsible for following up clinical work on AIDS. Dr Arve Lystad, director of the State Institute for Public Health, will be the head of the new committee.

"The situation is now so serious and the matter so important that we need a group which can follow the whole field of AIDS preparedness," Torbjorn Mork, the director of the Department of Public Health, said to AFTENPOSTEN. The present committee has been a subgroup of the advisory committee on infectious medicine. The charge and the composition of the new AIDS committee have not been completed. Mork and Lystad therefore declined to give details of the committee's tasks.

New Norwegian Testing Equipment

Oslo AFTENPOSTEN in Norwegian 12 Jul 85 p 34

[Article by Elisabeth Randsborg: "New AIDS Test With Norwegian Equipment"]

[Text] The Norwegian firm of Skatron has signed a 3-million kroner contract with the British pharmaceutical firm Welcome Foundation for the delivery of laboratory equipment which is to be used in tests to detect AIDS. The equipment -- a so-called "washing machine" which separates blood products -- has long been in use in tests for the detection of various illnesses.

Helge Skare, the managing director of Skatron, informed AFTENPOSTEN that the Welcome Foundation has now received approval of an AIDS test which will detect HTLV3 virus antibodies.

"This test will be more sensitive than other tests for AIDS antibodies, and in the test, use of our equipment is involved. In the first instance we will deliver such machines to England, but a number of other countries will come later," said Skare, who estimates that this test will also be implemented in Norway.

Dr Stig Froland, director of the Rikshospital, told AFTENPOSTEN that he finds it interesting that Norwegian manufacturers are in on the launching of such an AIDS test.

"The tests we use in Norway today are all commercial tests produced by international firms, and the tests are based on the same principles and the same degree of sensitivity. Before we can think of implementing a test such as the one the Norwegian firm is involved in, it will be completely necessary to run comparative analyses of this test and those we use today."

[Question] According to the managing director of Skatron, the new test will be more sensitive than other tests.

[Answer] The tests for detection of HTLV3 virus antibodies which we now use are fairly good. The problem is that they are a bit too sensitive when they are used to screen blood donors, so that we get so-called false positives — a positive result on the test, even if the potential donor does not have antibodies in his blood. In other words, we are not interested in tests which are too sensitive, because they give us added work separating the false from the true positives. But especially sensitive tests can be useful in certain other connections, for example in scholarly work, Dr Froland said.

12789
CSO: 5400/2547

JPRS-TEP-85-014
3 September 1985

PARAGUAY

BRIEFS

LEISHMANIASIS OUTBREAK--A Leishmaniasis outbreak has been reported in the Caaguazu area. According to our reports, nearly 300 persons there are suffering from this disease. [Excerpts] [Asuncion EL DIARIO in Spanish 3 Jul 85 p 18 PY]

CSO: 5400/2077

PEOPLE'S REPUBLIC OF CHINA

SEROLOGIC SURVEY REPORT ON HEPATITIS IN RECRUITS

Beijing JIEFANGJUN YIXUE ZAZHI [MEDICAL JOURNAL OF CHINESE PEOPLE'S LIBERATION ARMY] in Chinese No 3, 20 Jun 85 pp 208-209

[Article by Zhang Xitan [1728 5045 0982], Dou Fengqin [4535 7685 3830], Ma Jing [7456 7234] and Zhu Mingbao [2612 2494 1405] et al., of the Institute of Microbiological Epidemiology, Military Academy of Medical Sciences: "A Serologic Survey of Hepatitis A and B Among 1,356 New Recruits in 1983"]

[Text] A survey of 1,356 new recruits in 10 units was conducted on newly recruited personnel in 1983. The average age was 18.1 years and the subjects came from the provinces and cities of Hebei, Henan, Shandong, Shaanxi, Jiangsu, Zhejiang, Sichuan and Beijing, respectively. In the investigation 3 ml of venous blood were drawn from each new recruit, solid-phase radioimmunoassay (SPRIA) was used to detect anti-HAV and anti-HBs, SPRIA or reverse passive hemagglutination (RPHA) was used to detect HBsAg and enzyme-linked immunosorption assay (ELISA) was used to detect anti-HBc and HBeAg.

Results

The prevalence rate of anti-HAV among the 1,356 new recruits was 86.6 percent. Among males the prevalence rate was 86.5 percent (1,036/1,197) and among females it was 86.8 percent (138/159), evidencing no difference between males and females. However there were distinct differences in anti-HAV prevalence rates between new recruits from different regions ($\chi^2=303.13$, $P < 0.01$). Prevalence rates in the three provinces and cities of Zhejiang, Beijing and Jiangsu were 53.0 percent, 61.1 percent and 70.9 percent, respectively, distinctly lower than those of other provinces (where anti-HAV prevalence rates were universally higher than 90 percent). The detection results for hepatitis B infection markers HBsAg, anti-HBs and anti-HBc are shown in the attached table, and the overall HBV infection rate was 63.5 percent. It is thus clear that, with the exception of HBsAg, the distribution of all hepatitis B markers and the HBV infection rate are different among new recruits from different regions, but there are no significant differences between males and females in this regard. In addition, there are generally no significant differences among new recruits from urban and rural areas of the various provinces in terms of the anti-HBV prevalence rate or the proportion testing positive for the above hepatitis B markers. Of 107 new recruits positive for HBsAg, 52 tested positive for HBeAg, a 48.6 percent positive

Table 1. Detection Results for Hepatitis B Infection Markers In New Recruits From Different Regions

Region	No of subjects	HBsAg Positive		Anti-HBs Positive		Anti-HBc Positive		HBV Infection	
		No	%	No	%	No	%	No	%
Beijing	185	11	5.9	77	41.6	69	37.3	110	59.5
Sichuan	72	5	6.9	36	50.0	24	33.3	46	63.9
Henan	54	5	9.3	32	59.3	21	38.9	39	72.2
Hebei	390	26	6.7	166	42.6	122	31.3	221	56.7
Shandong	329	34	10.3	164	49.8	98	29.8	207	62.9
Shaanxi	93	9	9.7	66	71.0	31	33.3	78	83.9
Jiangsu	86	6	7.0	41	47.7	56	65.1	66	76.7
Zhejiang	100	10	10.0	51	51.0	41	41.0	68	68.0
Other	47	5	10.6	16	34.0	16	34.0	26	55.3

rate. Of the 58 subjects on whom SPRIA was used to detect HBsAg, 29 tested positive for HBeAg, and their HBsAg P/N value was 50.0. The HBsAg P/N value for those testing negative for HBeAg was 13.9, so the difference between the two was very significant ($t=7.23$, $P<0.01$). Of the 49 subjects on whom RPhIA was used to detect HBsAg, 26 showed a titer $\geq 1:128$ and 18 of these tested positive for HBeAg. Of the 23 subjects with HBsAg titers of $<1:128$ there were only 5 cases of positive HBeAg. The difference between these two is also extremely significant ($X^2=11.05$, $P<0.01$).

As illustrated above, although in China hepatitis A is primarily an infectious childhood disease, because there may be a great difference in the anti-HAV prevalence rate among new recruits from various regions, there may nevertheless be a possibility of an outbreak of this disease if in any given unit the majority of new recruits come from regions of low anti-HAV prevalence. Therefore, hepatitis A is still a problem of concern to the armed forces. As for hepatitis B, this article concludes that more than half of the new recruits to the armed forces have already been or are currently infected with the hepatitis B virus. The significance of this in terms of HBsAg carriers as a source of infection in the armed forces is worth further research.

12510
CSO: 5400/4150

PEOPLE'S REPUBLIC OF CHINA

AUTHOR: WANG Haitao [3769 3189 3447]
et al.

ORG: Institute of Microbiology and Epidemiology, Academy of Military Medical Sciences

TITLE: "An Epidemiological Study of Viral Hepatitis in Beijing Suburb"

SOURCE: BEIJING ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE] in Chinese No 1, 25 Jan 85 pp 9-10

TEXT OF ENGLISH ABSTRACT: The natural history of hepatitis A virus (HAV) infection was studied in a rural production brigade in the suburb of Beijing from June 1982 to June 1983. Four hundred and ninety-one serum samples were collected from 83.6% of the brigade members and tested for antibody to hepatitis A virus (anti-HAV) by solid-phase radioimmunoassay (SPRIA) in 1982. The prevalence rate of anti-HAV in the sampled population was 91.6%, and nearly 100% after 15 years of age. There was no significant difference in the age-specific and overall antibody prevalence rates between two sexes. The titres of 292 serum samples were measured and the results showed that they decreased with increase of age. The geometric mean titer of this group of people was 1:1560. Of 33 persons who were anti-HAV negative in June 1982, 9 became antibody positive in June 1983, only one of whom attended the hospital and was diagnosed as HA case. The rest did not have any symptom. The ratio between the clinical and subclinical infection of HAV is 1:8. Three hundred and sixty-five individuals who were anti-HAV positive in June 1982 were found to harbor the antibody still in 1983. These data suggest: that HA is a disease of the children and a large proportion of adult hepatitis cases are not hepatitis A in Beijing rural areas, that anti-HAV may persist life long in those living in endemic areas and that the majority of HAV infections are subclinical.

12949
CSO: 5400/4138

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

CONTROL OF INFECTIOUS DISEASES--Beijing, July 13 (XINHUA)--Medical advancements have helped Chinese doctors to control or wipe out many acute infectious diseases, according to the Ministry of Public Health. The ministry said that no incidences of bubonic plague had been recorded from the beginning of 1984 to the present. Smallpox was wiped out at the beginning of the 1960s, nearly 20 years earlier than the date of world-wide elimination of the disease announced by the world health organization. From the early 1960s, the government has widely distributed medicines and vaccines for preventing and curing polio, measles, whooping cough, diphtheria, tetanus and other diseases. A survey of 2,490 counties and districts last year showed a big decline in the incidences of infectious diseases. Among them, the number of cases of diphtheria fell by 53 percent compared with 1983, and 1,973 counties reported no incidences. Polio incidence dropped by 51 percent, and 2,078 counties reported no cases. Measles cases were 21 percent fewer, and 926 counties reported an incidence rate of less than one per 10,000. The whooping cough incidence rate was down to less than one per 10,000 in 1,341 counties. The country is striving to have all children vaccinated against measles, polio, whooping cough and diphtheria by 1990. [Text] [Beijing XINHUA in English 1647 GMT 13 Jul 85 OW]

CSO: 5400/4149

POLAND

RECENT RESEARCH ON 'SALMONELLA AGONA' STRAINS

Warsaw MEDYCyna DOSWIADCZALNA I MIKROBIOLOGIA in Polish No 1, Jan-Mar 85 p 23

["Summary" of article by Z. Tyc, J. Szych and S. Kaluzewski: "Phage Types of 'Salmonella Agona' Strains Isolated From Humans"--in English]

[Text] *S. agona* phages, obtained in this laboratory, were evaluated with respect to their applicability for intraspecies typing, for the sake of epidemiological inquiry. Nine phages were used for typing 2021 strains isolated in 31 provinces. The strains could be classified into 12 phage types, out of the 17 lytic reactions include into the extended scheme of phage typing of *S. agona*. Types I, VIII, V, IV, and VI were most frequent (82.2% of the strains tested). Type I was predominant (37.5%). There were differences in domination of certain types in certain areas, and some types occurred in one province only.

Out of the 75 analyzed foci of *S. agona* infection, 52 were due to strains belonging to one phage type only. More than one phage type occurred first of all in the foci of hospital infections, which were induced mainly by types I and VIII. It was found major part of the focal infections were induced by one the phage types. Lytic reactions were stable and reproducible for strains isolated from one subject at different time intervals. Strains stored for two years under laboratory conditions also showed stable lytic reaction. Intraspecies phage typing of *S. agona* might be a laboratory tool for elaborating the epidemic foci, and may be useful when prophylactic measures are taken to limit the spread of *S. agona* infection.

CSO: 2020/170

PORUGAL

LISBON MEASLES EPIDEMIC AROUSES CONCERN

Lisbon EXPRESSO in Portuguese 13 Jul 85 p 5

[Article by Jose Manuel Moroso]

[Text] The measles epidemic, which particularly affected the Lisbon area, led to the admission of 324 children to Santa Maria Hospital between November 1984 and April 1985; 5 deaths were reported.

These figures, compiled by the Pediatrics Service, whose director is Maria de Lurdes Levy, while referring only to Santa Maria Hospital--and do not take into account approximately 300 admissions to Estefania Hospital up to March--give a pretty accurate picture of the general situation prevailing in the Greater Lisbon area.

According to the statistics, the number of admissions reached its highest point in March; male children were most affected, accounting for 63 percent of the cases reported. With regard to age groups, children between the ages of 15 and 23 months were the ones most affected (29 percent); however, it should be pointed out that within that age group children between the ages of 3 and 9 months accounted for the highest number of cases (15 percent).

"When the epidemic broke out, we ascertained that more than 50 percent of the children were not vaccinated against measles," Silva Sequeira, the doctor responsible for Santa Maria Hospital's emergency unit (pediatrics), told EXPRESSO. "Only after the alarm was given (a warning published by EXPRESSO) were thousands of vaccinations administered in the following weeks; the number of vaccinations even exceeded that reported in 1984..."

Measles, whose most serious complications are laryngitis, pneumonia and encephalitis, was responsible for an average of 200 deaths per year in our country until 1974 when vaccination was introduced through the National Vaccination Plan. As a result, only 14 deaths from measles occurred during the 3-year period 1981-1983; however, it is feared that the total number of deaths will increase significantly this year.

Total Picture Unknown

In Silva Sequeira's opinion, a number of factors have contributed to a worsening of the situation--namely, "A lack of coordination between the health services;

inefficiencies at some health centers, particularly with respect to reliable information regarding the indication or contraindication of the vaccine; and an almost total lack of health education on the part of the people," undeniably associated with the high rate of illiteracy reported in Portugal in 1981, estimated at 21.1 percent.

Although the number of cases of measles actually discovered is of concern per se, the doctors do not know what the total number really is, since there are undoubtedly more children affected by the disease. This situation, it should be stressed, is possible only because, in our country, measles is not on the list of communicable diseases which must be reported.

"The irremediable loss of human lives and the social and economic costs of admissions to hospitals are factors which lead us to conclude that vaccination must be implemented as in the United States," Silva Sequeira said, referring to compulsory vaccination in the USA where 95 percent of the children have been treated in this manner. "At present, measles is almost totally eradicated in the United States," he added.

Meanwhile, whereas the doctors are seeing to it that effective measures are being taken in our country, it should be pointed out that a social analysis of the cases of admission to Santa Maria Hospital's pediatrics emergency and contagious-disease units has shown that the disease attacks not only undernourished children but also those in good physical condition.

8568
CSO: 5400/2549

SOUTH KOREA

ROK SEES FIRST CASE OF AIDS

SK280821 Seoul YONHAP in English 0813 GMT 28 Jun 85

[Text] Seoul, June 28 (YONHAP)—The deadly acquired immune deficiency syndrome (Aids) has been reported for the first time in South Korea, the Ministry of Health and Social Affairs said Friday.

A 53-year-old American professor working for a university here has been found to be infected with the so-called "modern leprosy," a medical examination at the Yonsei University Hospital here indicated.

Aids, which was first discovered in the United States in 1981, is a stubborn disease for which there are no cures or remedies.

People who contract Aids gradually lose their immune capabilities, and if they contract another disease, they will inevitably succumb to that disease.

Aids enters the body through blood. Its symptoms include brisk loss of weight, fever, coughing, fatigue and diarrhea, a medical doctor said.

In the past, most Aids victims have been homosexuals, drug addicts and recipients of blood transfusions.

In recent months, Aids has been in neighboring Japan, as well as in Southeast Asia.

The ministry said that about 11,000 cases of the horrible affliction have been reported throughout the world since 1981 and that nearly 5,000 patients (40 percent of them) have died.

The ministry decided to arrange through medical examinations for Koreans who have become closely acquainted with the American in order to find out whether Aids has spread to Korea.

CSO: 5400/4500

SUDAN

BRIEFS

FOOD POISONING IN AL-DAMIR--Al-Damir, 4 Aug (SUNA)--Seven persons including four children died at hospital here after taking a meal comprised of sorghum. Six out of the seven victims were members of one family. A medical report issued here attributed the death cause to food poison. Police had embarked on investigations into the incident and put under control the kind of sorghum which caused the poisoning of 20 persons. The medical manager of Al-Damir Hospital said all affected persons had left the hospital after receiving treatment. [Text] [Khartoum SUNA in English 1030 GMT 4 Aug 85 JN]

CSO: 5400/4604

TRINIDAD AND TOBAGO

SERIOUS SHORTAGE OF DRUGS AT HOSPITALS, HEALTH UNITS

Port-of-Spain SUNDAY GUARDIAN in English 21 Jul 85 pp 1, 3

[Article by John Babb]

[Excerpts] Hospitals and health institutions in the country are in for a serious shortage of drugs.

Seven months in the year have almost gone and no major drugs contract has been awarded by the Hospital Supplies Tenders Committee.

Drug suppliers have reported that the drugs supply business is "in a great state of flux" and speak of chaos and confusion in the current period of transition of authority from the Ministry of Health to the National Hospital Management Company (NHMC), a private company set up by Government.

The Chamber of Commerce Drug Committee is reportedly seeking a meeting with the Health Minister, Senator John Eckstein, and his Permanent Secretary, Ainsley Tim Pow, to discuss the matter.

"We feel if we could get together with them we would not only get the true story, but we can also explain to them our concern," said one Chamber official.

Latest report is that the NHMC is to be given the go-ahead to make ad hoc purchases of drugs direct from the manufacturers, a move, some suppliers say, is likely to create further confusion.

Aspects of the chaotic situation include the closing down of the Central Supply Medical Stores of Long Circular.

In addition, drug shipments are in warehouses but cannot be delivered because the Customs Department does not recognise the signatures of NHMC officials for release of duty-free goods. Neither is Customs accepting the signatures of some Health Ministry officials on invoices.

Other problems relate to the location of certain documents which is holding up payments to some suppliers.

The Chamber of Commerce Drug Committee, in earlier correspondence to the Ministry of Health, had warned of problems if the NHMC was permitted to take over.

Supply

A case in point that was cited was the supply of 10 anaesthetic machines to the hospitals which cost \$288,000. With spare parts, the total bill to Government was \$580,000. Suppliers said if the supply of the machines had gone to bids they could have been obtained at half the price paid.

Assessing the overall situation, one supplier saw it as "the climax" of a battle that has been going on for some time with little hope of the situation being resolved in the near future.

CSO: 5440/080

UNITED KINGDOM

BRIEFS

INCIDENCE OF AIDS—As many as 10,000 people, mostly men, have been infected with AIDS virus in Britain, Dr Donald Acheson, the government's Chief Medical Officer, said yesterday. Not all will develop the disease but the Department of Health was assuming there would be between 1,000 and 2,000 new cases of fully developed AIDS by 1988. There were 108 fully developed cases by the end of last year and Dr Acheson said there would be between 100 and 150 new cases this year. The majority of the infected people are in London and their number is increasing at the rate of 50-100 a week. [Text] [London THE DAILY TELEGRAPH in English 20 Jul 85 p 30]

MENINGITIS OUTBREAK—Health officials in Gloucestershire are to investigate the high incidence of meningitis in the Stroud area after the death of a four-four-day-old boy from the disease earlier this month. It was the second death in the county where the disease has been occurring at 20 times the national average during the last four years. Earlier this month, five cases of the disease were notified within eight days, and some victims are still in hospital. A delegation from the local council and Sir Anthony Kershaw, the MP for Stroud are due to meet Mr Clarke, the Health Minister, to press for a national research project into the disease. Since November 1981, there have been 36 cases in the county of meningitis caused by the bacterial virus meningococcal B, and more than 50 cases of the disease altogether. The outbreak is beginning to depart from the normal pattern of meningitis outbreaks, which generally last two to three years and claim the majority of victims in the winter. Dr Michael Mayer-Jones, the district's community physician, welcomed the council's approaches to the Minister. "We have had a lot of help from the Communicable Disease Centre and the local public health department, but it needs wider research to compare our outbreak with those of other places," he said. "Text] [London THE DAILY TELEGRAPH in English 27 Jul 85 p 6]

CSO: 5440/081

ZIMBABWE

POLICE HELP IN MEASLES IMMUNIZATION DRIVE

Bulawayo THE CHRONICLE in English 20 Jul 85 p 6

[Text] MUREWA--Police here and health officials yesterday launched a massive drive in the Mangwende communal lands to flush out potential measles victims for immunisation.

The move follows the death of at least six children because of a measles epidemic in the area during the past few days.

St Paul's, Musami mission hospital had by yesterday afternoon a full ward of measles patients, mostly children under five, and the area which is affected by the deadly infection borders Kadenge clinic where about 100 villages are occupied by members of the anti-medical-care Apostolic religious sect.

More than 10 children were admitted to the mission hospital this week and more were expected as a result of the joint health and police blitz yesterday.

Dr Frank Meijer, the mission's general medical officer and roving doctor, said yesterday that police had to be called in to help because most of the villagers were hiding their children from health officials during the immunisation campaign.

Measles was being contracted at funerals of other victims and through regular contacts among children in the eight villages served by the clinic, he said.

"The news reached our attention about three weeks ago when a Mozambican woman brought four affected children into the community. Two of the kids died and the other two are at the mission hospital," said Dr. Meijer.

"The problem is further compounded by the presence of the Apostolic religious sect around Kadenge clinic which is against any form of medical care," he added.

Between 500 and 800 children, ranging from six months to 10 years, would be vaccinated against the killer disease.

Additional health staff had been sought from Murewa district hospital and sufficient drugs had been procured to combat the epidemic, he said.

Dr Meijer, however, noted that the disease was common between July and September yearly although the attack tended to be milder if children had been vaccinated before.

Those already admitted to the mission hospital were "recovering steadily" and efforts would be intensified to wipe out the scourge within a few days, said Dr Meijer.

He recalled a similar epidemic in 1983 in the same area and added that police had to be summoned to help when the problem of hiding children surfaced among the villagers.

"We cannot afford to increase the pockets of infection in the district because people are against medical care and attention. We have to call the police to help us flush out the victims from hiding places," said Dr Meijer.

Kadenge clinic was opened in 1983 to serve nearby farm workers and people on the periphery of Mangwende communal lands.

CSO: 5400/174

ZIMBABWE

SIX DIE AS MEASLES EPIDEMIC SWEEPS MANGWENDE

Harare THE HERALD in English 20 Jul 85 p 1

[Text] MUREWA--A MEASLES epidemic has killed six children in the Mangwende communal lands.

Murewa police and health officials have launched a massive immunisation campaign in the area to stop the deadly disease from spreading.

St Paul's Musami Mission Hospital had a full ward of measles patients yesterday afternoon, most of them children under five.

The area affected borders Kadenge Clinic where about 100 villages are occupied by members of the Apostolic sect which does not believe in medical care.

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Kadenge Clinic was opened in 1983 to serve nearby farm workers and people on the periphery of Mangwende communal lands.

CSO: 5400/172

INTER-AFRICAN AFFAIRS

KINDERPEST, CBPP AFFECTING CATTLE IN MANY AFRICAN NATIONS

Harare THE FINANCIAL GAZETTE in English 5 Jul 85 p 17

[Text]

CATTLE-REARING in Africa is being threatened by rinderpest and contagious bovine pleuro-pneumonia (CBPP). The diseases, which occur in scattered parts of East, Central and West Africa and across the Sahel zone, are reported to be killing scores of cattle daily.

Recently, laboratory technicians and field workers from Nigeria, Sudan, Somalia, Ethiopia and Kenya held a one-week seminar on rinderpest, combined vaccine and quality control at the Kenya Agricultural Research Institute (KARI) in Mbagathi, about 20km from Nairobi, to address the devastating situation.

The seminar, organized under the aegis of the Pan-African Rinderpest Control (PARC), was sponsored by the UN Food and Agriculture Organization (FAO) as part of the FAO's technical assistance to Africa.

Kenya was chosen as the venue for the seminar because, unlike other African countries, it has managed to keep rinderpest at bay; also, its vaccines are rated highest in Sub-Saharan Africa.

During the seminar, participants were taught new techniques and improved methodology on vaccine production, and quality control. They were also shown films on how to produce vaccines.

PARC, a follow-up to a project undertaken in Africa some 22 years ago, has a similar objective — controlling and eventually eradicating rinderpest.

During the earlier project, cattle were vaccinated against rinderpest in some 22 African countries.

However, not all the countries imposed the necessary follow-up measures, and the net result is that over the last few years the disease has broken back, reaching the situation much as it was in 1962.

Rinderpest is today prevalent in part of Nigeria, Uganda, eastern Tanzania, Rwanda, Burundi, Somalia and Sudan. Experts believe that it entered the continent from Europe through North Africa at the beginning of last century.

Kenya exports live rinderpest vaccines to three countries, and some Middle Eastern countries. According to the director of KARI's Veterinary Research Department, Dr Dabmo Karuki, Rwanda alone bought vaccines worth US\$39 000 from Kenya during April alone.

A Nigerian participant, Dr M. M. Ajayi, told the seminar that the rinderpest outbreak in his country reached its peak in 1980. "But now the government, through its own initiative and that of donor agencies, has launched a vigorous campaign to step up vaccine production."

He said FAO recently donated equipment, which in addition to that provided by the government, has enabled the country to be "flooded with rinderpest vaccines."

Nigeria, which before 1980 was not under pressure from rinderpest, today imports about 80% of vaccine raw materials from Kenya and overseas.

The killer disease occurs mostly in the north of Nigeria, which has about 18 million head of cattle scattered all over the area. There are also pockets of cattle in the south.

Dr Ajayi, who is Nigeria's officer in charge of rinderpest vaccine, said rinderpest had now been greatly minimized following the closure of the country's borders last year.

In future, he said, Nigeria plans to build a vaccine complex in the Jos Plateau, and the government has already raised some money for its establishment.

The FAO representative in Kenya,

Dr J. C. Phillips, said rinderpest played a major role in producing high-quality vaccines and that many developing countries were off the mark because of having to work under difficult conditions. "Sometimes dust gets into our labs, and this lowers the standards," he said.

"Vaccine quality is very important in rinderpest control and it should always be maintained," he added. Pending the FAO's support to PARC, Dr Phillips told participants that they had the task of eradicating rinderpest since they were directly affected.

Kenya's Deputy Director of Veterinary Services in the Ministry of Agriculture and Livestock Development, Dr W. K. Ngugi, noted that the two most worrying cattle diseases in Africa today were rinderpest and CBPP.

It was due to the seriousness of the situation that the first preparatory meeting for PARC was held in Nairobi in 1981.

At this meeting a programme on the subject was adopted and subsequently presented to the Organization of African Unity (OAU) summit in Nairobi the same year. The summit approved the programme.

Dr Ngugi said Kenya did not have a rinderpest problem, but added that she could not claim to be free from it when the disease was around. He admitted that a few cases of CBPP had been identified in western Kenya.

Said Dr Ngugi: "The obvious is that as long as the two diseases exist, no country can be secure. We would, therefore, like to request the FAO and the OAU to put the point across to the international community with the aim of securing the necessary funds to help Africa launch the PARC."

It is hoped that African countries will this time work hand in hand to realize the objectives of PARC, especially after suffering a devastating blow following their indifference to the first programme. —Zane-AF

JPRS-TEP-85-014
3 September 1985

BANGLADESH

BRIEFS

CATTLE DISEASE EPIDEMIC--Maulvibazar, July 8--Cattle disease has broken out in an epidemic form in different villages of Rajnagar upazila. According to non-official report available here more than 200 cattlehead have already died of the disease in Lamua Kadcumhata, Nidhirmulhal, Malikuma and Uttarbagh. [Text] [Dhaka THE BANGLADESH OBSERVER in English 9 Jul 85 p 7]

CSO: 5450/0248

COLOMBIA

GOVERNMENT FOOT-AND-MOUTH VACCINE SAID CAUSING CATTLE LOSSES

Bogota EL ESPECTADOR in Spanish 30 Jun 85 p 3-A

[Article by Enrique Caballero]

[Text] Sabana is sick. Under the weeping willows and the somber eucalyptus, the most aristocratic herd of cattle in the country is burning up with fever, their tongues ulcerated. Foot and mouth disease first broke out in Sopo like an uncontrollable curse, climbed to the high barren plains of La Calera, crept along the Ubate and Simijaca valleys, crossed over to Chiquinquirá and is now metastasizing in the Santander and Cesar regions. It began in Sabana because that is the heart of the purest and consequently, most vulnerable cold weather herds which, thanks to artificial insemination, can be considered to be direct descendants of the best breeding stock of the United States, France, England and Canada. It is a national resource that has been chosen not so much for the highly competitive dairy business as because of the stubbornness and refined tastes of an association that finds voluptuous pleasure in contemplating the well-wounded, turgid udders, like maps of the world, and in watching frisky, healthy calves romp among the rye grass disputing the turf with the kikuyu, even if the figures show that the business is not so much profitable as it is pleasurable.

In Cundinamarca, Cauca, Boyaca, Antioquia and perhaps in Nariño, dairy farming has reached the peak of preciousness, struggling against the always unpredictable meteorology, which at a swoop destroys the pasturelands, covering them with ice. Fighting the tax collector, who stands watch with his land surveys. Fencing with labor legislation, which endeavors to balance the system of wages and services provided in rural areas with that governing urban activities, without consideration given to the benefits in kind which workers receive from the ranchers and forgetting that by disproportionately raising day wages and gratuities, the shrewd landowners will be even more bent on circumventing regulations and avoid hiring more workers. Facing the methodical and scandalous increases in the cost of consumable expenditures and machinery. Dealing with the niggardliness of farm credit, which in the case of the Agrarian Fund dropped to nearly half last year. Confronting the galloping cost of electric power and fuel, the declining effectiveness of veterinary medicines. Warding off violence, which has made it an act of imprudence to visit the ranches, now turned into strongholds of kidnaping and extortion. And -- who would have believed it -- duelling with the so-called vaccine for aphthous fever, now viewed by livestock breeders with horror, as a lethal weapon!

Naturally, in the painful situation now besetting livestock raising -- specifically, aphthous fever -- there is blame on both sides. There are breeders who are reluctant to use the vaccine, mainly as a result of negligence, selfishness and lack of mutual support. But there are others who use the excuse of the ineffectiveness of a product in which no one has faith. It goes without saying that if inoculation is not massive and universal, it is indeed ineffective. The unvaccinated livestock soon feels the result and the disease even spreads to vaccinated cattle. In addition, there is criminal irresponsibility and not only on the part of ignorant yokels. The carcasses of animals that died of the disease have been thrown into the rivers, the perfect vehicle for spreading the virus over vast areas. Few breeders practice the rigorous precautions that are essential in cases of epidemics. The quarantine itself is joyfully ingored.

So much for the details, but what is inexplicable is what has happened in official spheres. The plain fact is that in 30 years, the government -- not just one, but a series of governments -- has not been capable of halting the dread disease. On the contrary, Colombia has gained fame, ever more deservedly so, as a hotbed of aphthous fever and the international community has managed to isolate it from many business transactions and great opportunities because of the somber stigma. If one realizes that one of the causes for the paralysis of the Pan American Highway and the bottleneck at the Tapon del Darien is none other, according to those in the know, and when one looks at the tiny area the country has managed to penetrate as a seller of meat in the world, one can measure the immense harm that its economy is suffering because of a well-identified and exclusive reason: foot and mouth disease. Despite being recognized as the cause of such great and damaging harm, aphthous fever has not been diminished or even attenuated by the authorities, who long ago should have coordinated their efforts along such lines, and this means scientific, military, police and administrative authorities, united as one. But on the contrary, this acute national problem is met with negligence, abandonment and lack of understanding, in a word, the most blatant national irresponsibility.

Tomorrow the entities named in this painful commentary and above all, the laboratories responsible for scarcely one of the phases of the problem, but on only one, will enumerate their different concerns, tasks and victories. I can give no scientific argument, other than the economic aspect. I know nothing of advanced biochemistry. But as an insipient livestock breeder and an inexperienced observer, I can supply only one argument encased in a tiny glass vial: vaccination. And I will pit it against the wall of excuses and promises that VECOL [Colombian Veterinary Products Enterprise] has used year after year to defend itself, while the poor animals go on dying.

One consideration is enough: The vaccine is no good. The vaccine is the cause of innumerable deaths and colossal losses. The vaccine has become an attempt on the national economy. The vaccine conspires against one of the finest efforts, one of the most meritorious and promising achievements of the Colombian people: the growth and improvement of livestock raising. For many years, a versatile, invincible and elusive virus has constantly changed aspects in order better to mock our scientific bureaucracy.

Who could have imagined that the official vaccine would become the worst enemy of livestock raising?

COLOMBIA

BRIEFS

JUNE FOOT-AND-MOUTH FIGURES--Field workers and technicians from the ICA [Colombian Agricultural-Livestock Institute], VECOL [Colombian Veterinary Products Enterprise] and the Ministry of Agriculture are working 24 hours a day to supervise ranches in Sabana de Bogota and the Ubate Valley, as well as the departments of Cundinamarca and Boyaca, trying to detect hotspots of disease, control them and prevent the movement of cattle to other areas of the region and the country. The Colombian Veterinary Products Enterprise reported the following statistics on Thursday, 27 June: ranches affected, 58; head of livestock on ranches, 6,137; sick animals, 2,533; rate of attack, 41.6 percent; mortality (30), .53 percent. The disease sites were found in the municipalities of Sopo, 36; Mosquera, 3; Funza, 8; Chia, 2; Choconta, 1; Fontibon, 2; La Calera, 2; Guasca, 3; and Subachoque, 1. Health officials from the ICA, VECOL and the Ministry of Agriculture have once again appealed to livestock breeders and the population in general to comply with the recommendations widely broadcast by the ICA in the sense that they take proper precautions in the presence of aphthous fever, that they immediately advise ICA offices closest to the area, cooperate with authorities in controlling the disease and not move any cattle. [Text] [Bogota EL SIGLO in Spanish 2 Jul 85 p 10] 11,464

CSO: 5400/2069

INDIA

BRIEFS

RINDERPEST IN BOMBAY—Bombay, July 4--Rinderpest disease being prevalent among milch buffaloes in Bombay and Thane areas, the animal husbandry officer of Bombay suburban district has appealed to stable owners to vaccinate their animals against this disease. The animal husbandry department has made arrangements for free vaccination. Details can be had from the district animal husbandry officer, Aarey Colony, Goregaon (east), Bombay-400 065 (Tel no 685103) and the district animal husbandry officer, zilla parishad, Tembhi Naka, Thana (west), (Tel no 508151). [Text] [Bombay THE TIMES OF INDIA in English 5 Jul 85 p 12]

CSO: 5450/0233

ISRAEL

BRIERS

FOOT-AND-MOUTH DISEASE CHECKED--The hoof-and-mouth disease which affected the deer population in Ramot Yissakhar and southern Goland Heights has been checked. The disease spread from Jordan last spring. Our correspondent Haviva Roger reports that the Veterinary Services have inoculated the cattle and sheep herds and closed the Yotvata nature reserve for 2 months, in order to prevent the spread of the disease to the south. [Excerpt] [Jerusalem Domestic Service in Hebrew 0600 GMT 9 Aug 85 TA]

CSO: 4400/221

MALAYSIA

FOOT-AND-MOUTH DISEASE IN NEW AREAS

Kuala Lumpur NEW STRAITS TIMES in English 4 Jul 85 p 7

[Text]

KOTA BARU. Wed. -- The foot-and-mouth disease that was first detected among cattle in the Pasir Mas district early last month has spread to eight kampungs in the Bachok and Kota Baru districts.

Kedai Gunung in Bachok, Pengkalan Chepa, Bayam, Kaduk Dalam, Sajor, Keladang, Beta Hilir and Lundang Paku in Kota Baru have been affected, State Veterinary Services director Dr Matta Abdul Rahman said today.

He said the disease was detected in the kampungs between June 21 and 23 when he led a team to inoculate animals in the areas.

He estimated that 30 head of cattle in the two districts had caught the disease.

Dr Matta said the disease could have spread through illegal slaughtering and the movement of infected animals from Pasir Mas.

But the situation in other villages in the two districts was under control, he said, adding that there was no cause for alarm as the disease was occurring in areas that had already been declared infected.

Dr Matta said that more than 57,100 head of cattle, including buffaloes, as well as goats and sheep had been inoculated since June 15.

He said the first phase of the exercise was scheduled to end on Saturday and the 80 veterinary officers from Kuala Lumpur would leave the following day.

"Asia One" and "O" vaccines, which provide immunity for between three and six months, are being used in the exercise.

Kelantan was declared a foot-and-mouth disease infected

area on June 8 following the detection of the disease in 83 head of cattle in the Pasir Mas district on June 3.

In Johore, veterinary authorities have urged breeders in Kampung Teluk Rimba, near Tangkak, to be on the alert following the death of 45 buffaloes from an unspecified infection since Hari Raya, although the department said it was not due to the foot and mouth disease.

The veterinary office in Tangkak confirmed the deaths and said an analysis by the Chemistry Department in Kuala Lumpur showed that they were caused by bacteria.

A spokesman for the State Veterinary Services Department in Johore Baru also confirmed that an analysis was carried out but declined further comment.

However, the penghulu of Kundang Teluk Rimba, Haji Gimam Lipod, said the buffaloes began to be afflicted two days before June 20 but he was told by the department that it was not the FMD.

He said the veterinary department workers from Tangkak and Muar were inoculating animals in the kampung and several nearby villages.

Up to yesterday, 100 buffaloes and 97 cows in the kampung had been inoculated. *

He said the department had banned the movement of cattle out of the kampung.

Cattle rearers were also advised to wash their hands and feet and clothing in germicide which could be obtained from the veterinary office.

Haji Gimam said Muar district assistant veterinary officer Enclik Ibrahim Mahmud had a meeting with villagers yesterday to explain the precautions they should take.

MALAYSIA

FOOT-AND-MOUTH DISEASE HITS KELANTAN

Kuala Lumpur NEW STRAITS TIMES in English 9 Jun 85 p 1

[Text]

KOTA BARU, Sat. — The Veterinary Services Department has declared Kelantan as a hoof-and-mouth disease epidemic area and has prohibited all movement of cattle and transportation of beef from the State.

The department has also frozen permits for the entry of cattle from Thailand until such time when the disease is brought under control.

This move was made after it was confirmed that 83 head of cattle in two areas in the Pasir Mas district are suffering from the disease.

The Director-General of Veterinary Services, Dr Ahmad Mustapha Babjee, who made the announcement at the Kubang Kerian Veterinary Office here today, described the epidemic as "serious."

He said that the cattle owned by farmers from the villages of Gual Periok and Gual Nibong in Gual Periok, and Gual To'Deh, Kedap, Bakat and L'bok Gong in Rantau Panjang, have been found to be suffering from the disease since June 2.

However, he said the department believed the disease could have struck the cattle as early as May 22.

He said that most of the villages affected were near the Sungai Golok near the Malaysian-Thai border and all the disease-infected cattle were now under close observation.

About 600 head of cattle in the two districts

have not been affected by the disease.

Eight teams

Dr Ahmad Mustapha gave an assurance that there would be adequate supply of beef for Hari Raya Puasa in Kelantan. About 1,000 head of cattle from other areas were still available.

He also said investigations and further efforts to prevent the disease from spreading throughout Kelantan would be launched simultaneously in various areas from Monday, with efforts concentrated in Gual Periok and Rantau Panjang.

Eight teams, four from Kuala Lumpur, comprising 82 staff, would carry out an operation to vaccinate the cattle throughout the State, he added.

Dr Ahmad Mustapha said the main cause of the spread of the disease was the lukewarm response from the farmers in vaccinating their cattle.

He appealed to the farmers to co-operate with the teams who would be going to the villages to do the vaccination and also to report on cattle suffering from the disease.

He said that cattle suffering from the disease, which spreads easily, could be easily identified.

Normally, the mouth of the cattle would be foamy and there would be sores on its lips, tongue and legs.

Dr Ahmad Mustapha, together with his deputy, Dr Nik Mahmood Nik Mohamed, and the director of the Kelantan Veterinary Department, Dr Matta Abdul Rahman, visited the affected areas yesterday. — Bernama.

CSO: 5400/4409

MALAYSIA

FOOT-AND-MOUTH DISEASE UNDER CONTROL

Penang THE STAR in English 14 Jun 85 p 4

[Text]

RANTAU PANJANG, Thurs. — The foot-and-mouth disease affecting cattle in Kelantan is under control, Agriculture Minister Anwar Ibrahim said.

Encik Anwar said that although the number of cattle affected by the disease had increased to almost 100 from 83, the disease was confined to the Pantai Mas district which, he pointed out, was already declared an "infected" area.

"This is expected because the disease originated from this district. But what we are most happy about is that there have been no reports of the disease elsewhere."

"As far as I am concerned, the State Veterinary Department did an excellent job in handling the problem," he told reporters after visiting the Cattle Quarantine Centre here.

Encik Anwar said appeals from cattle dealers to allow them to move their herds to other areas so that "business could go on as usual" had been denied because the extent of the disease had not been determined.

He said that this was the

best precaution because the lesser the movement of cattle, the less chance there was of other cattle getting infected.

He realised that the action would mean that cattle dealers would suffer substantial financial losses but he stressed that it could not be helped because "we are more concerned for the safety of the other cows."

He said that despite the drastic cutdown in the sale of beef, he was confident that there would be enough beef for Hari Raya.

Encik Anwar warned that serious action would be taken against those who violated the ban and transported cattle out of the district.

"The ban on the movement of cattle is indefinite because there is no actual fixed period for the disease to be absolutely cleared. We can only hope that the threat passes as soon as possible," he said.

On the inoculation of cattle now in operation, he said that 3,250 head of cattle have been inoculated and there are about 125,000 head of cattle left in the

State including 26,000 buffaloes.

He added that if 70 per cent of the total population of cattle were inoculated, then "our worries are practically over."

However, he warned that this did not mean that the danger was over because cattle which had been inoculated would not succumb to the disease but could still be carriers.

CSO: 5400/4411

MALAYSIA

BRIEFS

CATTLE DISEASE VIRUS IDENTIFIED--KOTA BARU, Tues.--The Veterinary Services Department has traced the cause of the foot-and-mouth disease among cattle and buffaloes in Kelantan to the Asia One virus. The department's director-general, Dr Ahmad Mustaffa Babjee, said today that the virus was identified by Thailand's veterinary authorities and confirmed by the world reference centre for foot-and-mouth diseases in Pirbright, England. He said this was the first time the virus had attacked cattle in Malaysia. He said that the Asia One and Asia "O" virus were found in Thailand, especially in its northern parts. Dr Ahmad Mustaffa said that Thailand had sent 10,000 doses of Asia One vaccine here yesterday and would be sending double the amount tomorrow while France had despatched 50,000 doses of Asia One and Asia "O" vaccine. His department had decided to inoculate the animals with both vaccines. [Text] [Penang THE STAR in English 19 Jun 85 p 7]

CSO: 5400/4415

MEXICO

BRIEFS

SWINE CHOLERA VACCINE--Toluca, Mexico, 30 June 1985--The agriculture and livestock officials of Mexico State reported the discovery of a vaccine against swine cholera that will make it possible to combat the epizootic disease which has caused so much harm in that sector. According to information furnished by Jose Pablo Medina Navarro, chief of the Animal Sanitation subprogram, the vaccine was tested on sick animals at various locations, including Japan, and the results were encouraging. He said that the swine cholera vaccine was manufactured at the Tecamac Laboratories of Felipe Villanueva, and all the tests were satisfactory. He asserted that the financial aid received by the Secretariat of Agriculture and Water Resources (SARH), as well as by the Secretariat of Agriculture and Livestock Development, had been indispensable for the success of the program. He announced finally that the vaccine can be obtained from the [National Manufacturer of Biological Veterinary Products], a decentralized organization of the SARH. [Text] [Mexico City EL DIA in Spanish 1 Jul 85 METROPOLI supplement p 9] 8414

CSO: 5400/2074

ZIMBABWE

CENTERS FOR LIVESTOCK HEALTH

Harare THE HERALD in English 24 Jul 85 p 4

[Text] THE Government is soon to establish two veterinary management health centres in the Mhondoro and Ngezi communal areas to improve health standards of livestock, the animal health inspector for Mhondoro, Cde Agripa Takaruza, has said.

In an interview recently Cde Takaruza said farmers would be able to receive technical advice on veterinary health and buy prescribed treatments for their livestock at the centres.

He also said the availability of veterinary extension services in the Mhondoro Marirangwe and Ngezi areas has been of great benefit to communal farmers.

Unlike in the past communal farmers now had access to veterinary services with extension assistants based at Nyamweda, Mubaira and Ngezi doing a vital job educating communal farmers.

The extension assistant was also giving on-the-spot advice on treatment and care of animals.

The health inspector said 36 000 head of cattle had been vaccinated so far in Mhondoro and Ngezi against anthrax, rabies and other animal diseases. There were about 102 000 cattle in the communal lands and the vaccination programme was expected to be completed next month.

He said that there were about 39 dips fully operational in the communal lands and local farmers were adhering to the dipping regulations.

Cde Takaruza, however, expressed concern about people who were encroaching in areas designated for grazing.

CSO: 5400/174

ZIMBABWE

ANTI-RABIES DRIVE IN FULL SWING

Harare THE HERALD in English 9 Jul 85 p 5

[Text]

The anti-rabies vaccination programme was in full swing in Duvelskevra, Warren Park and Groenvale yesterday as people brought their dogs for injections.

About 40 dogs had been vaccinated next to the area head office in Duvelskevra in about 90 minutes, said the animal health inspector, Olo Raphael Banda. There were not as many dogs in the suburb as in Mufakose where hundreds of dogs were expected to be vaccinated yesterday.

"So far the turnout is quite good because people now know the danger of rabies. Most of them know that a rabid person is a dead person," he said.

In Warren Park about 15 dogs had been vaccinated by 11.30 am and the animal health inspector in the area, Olo Crithbert Dondo, said the figure was not surprising as the suburb had a small dog population.

The total number of dogs vaccinated on the first day of the two-week programme of the Provincial Veterinary Office for 30 suburbs in and around Harare will be known today.

The PVO officers will today be at Kambatswa, Mufakose and Highlands where dogs should be brought between 10 am and 4.30 pm.

CSO: 5400/170

ZIMBABWE

MICE OVERRUN SOUTH EASTERN DISTRICTS

Johannesburg THE CITIZEN in English 12 Jul 85 p 15

[Text]

HARARE. — The south eastern districts of Zimbabwe are being overrun by mice which have been invading homes, chewing their way through food stores, clothing and even the wiring of motorcars.

The chairman of the National Parks and Wild Life Management, Dr Colin Saunders, said: "You can see them everywhere, scurrying around houses and warming across the roads."

The local mice population increased rapidly towards the end of the rainy season, he said, probably because of the bountiful food supply that followed years of drought.

"Rat poison has been sold out here and I believe some children are paying their way through school selling the mice as a delicacy. So far there have not been any medical cases in connection with the invasion," Dr Saunders said.

"The mice have attracted large numbers of birds of prey some of which are not normally seen in the area," he said.

The rodent invasion is in the Lowveld triangle which includes Chiredzi, Nwenezi and the Gonarezhou Game Park. — Sapa.

CSO: 5400/170

INTER-AMERICAN AFFAIRS

EUROPEANS TO FUND MOKO DISEASE CONTROL IN CARIBBEAN

Port-of-Spain EXPRESS in English 23 Jul 85 p 17

[Text]

BRIDGETOWN, (CANA) — The European Development Fund (EDF) has approved a grant of the equivalent of U.S. \$1.2 million to establish measures for long-term control of moko disease in the Windward Islands, the European Commission office here announced.

Since 1982 the EDF has been financing a comprehensive programme to control and contain the spread of moko disease in bananas and plantains, mainly in Grenada.

The programme has successfully developed practical methods for identifying and destroying diseased plants and effective containment of the disease to Grenada has been achieved, a statement from the office said.

However, moko disease remains an extremely serious threat to the banana dependent economies of the Caribbean, especially St Vincent and the Grenadines, St Lucia and Dominica, the other three Windward islands, the statement added.

The new EDF grant will finance the measures to be launched by the banana industry for the long-term control of the disease.

The continuation programme, which will last for two years, includes the intensification of moko disease control and eradi-

cation in Grenada and in its ward island Carriacou through further refined techniques. The provision of disease free plants for re-planting will be an important ancillary to the eradication schedule.

"Perhaps the most significant component will be the work carried out in St Vincent, St Lucia and Dominica, where it will be initiated to increase public awareness about the dangers of moko, a highly infectious bacterial wilt disease, and the need to restrict movement of possibly infected planting material," the statement said.

Legislation to ensure the restriction on such movements may need to be considered, it added.

The two-year project will also be a transition period to enable the banana growing islands to establish arrangements to continue moko disease control for the foreseeable future.

The Windward Islands Banana Association (WINBAN) is responsible for supervising the central programme, with guidance from a steering committee with representatives of the ministries of agriculture of the Windward Islands.

The EDF funds will be used for field and other staff costs, the purchase of materials and equipment and for the services of a plant protection specialist.

CSO: 5440/079

BANGLADESH

BRIEFS

JUTE PEST ATTACK--Gopalganj, June 24--Jute plants on about 19,000 acres of land have been attacked by pests in Kasiani, Muksudpur, Tungipara and Sadar Upazila of the district. It is learnt from the District Agriculture Extension Office source that Jute plants on 3,000 acres of land in Sadar Upazila, 6,000 acres in Kasiani, 5,000 acres in Muksudpur and 5,000 acres in Tungipara upazila have been attacked by pests locally known as 'Beecha Poka.' On the other hand, the local people said a total of 30,000 acres of land have been attacked by pests in the aforesaid upazilas. Non-availability of insecticides and sprayers have been prevailing in the upazilas, it is learnt. Meanwhile confirming the reports of pests attack from as many as 25 unions of the district, a high official of the District Agriculture Extension Office said that they were trying to combat the menace. The worst affected unions are Durgapur, Satpar, Boltali, Latifpur, Raghunathpur, Haridaspur and Barashi. By this time the Agriculture Extension Department has already declared 'emergency' in the affected areas. The agricultural officials of different upazilas are keeping themselves busy with duties, it is learnt. [Text] [Dhaka THE NEW NATION in English 25 Jun 85 p 2]

NEW 'PUMRI POKA' ATTACKS--Narsingdi, June 26--The prospect of Aus-Aman crops has become bleak in Narsingdi and Narayangoni districts due to large scale damage of crops by pests. The pests locally known as Pumri Poka have attacked crops in a vast area of land according to reports received from the different upazilas of the districts. It is learnt that the Aus and Aman crops in vast tracts of land in Narsingdi Raipura, Monohardi, Shibpur, Palash and Belabo upazilas under Narsingdi district and Araihazari Rungoni Sonargaon and Naraynagoni Upazilas in Narayangoni district have been extensively damaged by the pests attack. The situation has aggravated due to non-availability of pesticides in the Government Stores. The pesticides are found available in the market at an exorbitant price which is quite beyond the purchasing capacity of the poor farmers. [Text] [Dhaka THE BANGLADESH OBSERVER in English 28 Jun 85 p 7]

PADDY PEST ATTACK--Netrakona, July 1--Standing Aus and IRRI crops over a large area of Atpara upazila in Netrakona district were badly affected by widespread pest attack. Thousands of acres of green fields with Aus and IRRI paddy plants have turned grey in Baniajan, Swarmaishya, Teligati, Sunai Doaz and Shukhari unions of the upazila. According to the local

cultivators "pamri" insects in swarms are infecting the green paddy fields. It is alleged that no effective measures have so far been taken by the authorities concerned to control the pest menace. It is apprehended that the entire area may be attacked by pests in no time if immediate steps are not taken to eradicate the pest. The rich farmers are combating the pests with insecticide but complained that the insecticide is not effective. An Agriculture Expert told that the farmers often use less quantity of insecticide owing to high price and as such they do not get the desired result. Moreover, owing to high price a large number of poor farmers cannot purchase insecticide. [Text] [Dhaka THE BANGLADESH TIMES in English 2 Jul 85 p 2]

PAMRI, MAIRA ATTACK--Pirojpur, July 6--Pamri and Maira insects have invaded Pirojpur in devastating manner. Pesticides have failed to control this menace. Cultivators complain of ineffectiveness of the pesticides applied. Irri and Aus paddy fields of the Namazpur, Bhajora, Baushbaria and Kali-kathi of Saullerpara union; Indurkani, Bhabanipur, Chaliya, Balipara and Dhephshabunia of Pattasi Union and all the villages of Paurhat Union have been completely destroyed by this scourge. At least 50% damage has been done to Aus and Irri cultivation in Dumuritala, Tona, Durgapur, Kadamtala, Kalakali and Sikder Mallik Unions. No effective measures were taken by the Agriculture Department despite information, complain cultivators in agony. Perhaps the officials of the concerned department is more prone to paper work instead of field activity. They are following a masterly policy of inactivity. Aerial spraying of powerful pesticides is the need of the hour. Any delay may bring colossal damage. To save Aman saplings every precautionary measure should be taken by the concerned department. [Text] [Dhaka THE BANGLADESH OBSERVER in English 8 Jul 85 p 7]

CSO: 5450/0247

INDIA

CONCERN EXPRESSED OVER INFECTED BAJRA SEEDS

Bombay THE TIMES OF INDIA in English 20 Jun 85 p 7

[Text]

NEW DELHI, June 19.

WHILE certified seeds of most kharif crops are available in abundance, the supply of hybrid bajra seed continues to cause concern. The bulk of the seed produced in Gujarat, the major supplier has been found infected with the dreaded downy mildew disease.

Although the Gujarat state seed certification agency had approved the seed for distribution, the infection was detected and reported to the Union government in time. The agriculture ministry took immediate steps to stop those seeds from being sold to the farmers without proper chemical treatment to kill the pathogen.

If the downy mildew infected seed of the most popular hybrid bajra variety, BJ-104, gone to the farmers, it would have played havoc with the crop, experts feel. Besides inflicting substantial financial losses on the individual growers, it would have led to the spread of the disease on a massive scale.

EMERGENCY MEASURES

Krishi Bhawan is reported to have taken some emergency measures to cope with the situation. It ordered import of a new downy mildew control chemical, metalaxyl, which has hitherto not been registered as a pesticide in India. The National Seeds Corporation (NSC) has been asked to undertake seed treatment of the entire stocks produced in Gujarat under expert supervision.

Some experts and bajra growers are, however, sceptical about the effectiveness of metalaxyl in disinfecting the seed as this chemical had not been adequately tried out before in this country. They are demand-

ing seeds of some suitable alternative variety for BJ-104.

Inquiries have revealed that not many alternatives are available for this variety although the Indian Council of Agricultural Research claims to have developed new hybrid bajra strains. Seed producing agencies in public as well as private sector maintain that they have yet to get the breeder seed of new disease-resistant hybrid bajra strains for multiplication.

The NSC has expressed confidence that it will be able to supply a sizeable quantity of chemically treated BJ-104 seed for sowing in the current kharif season. It has launched an advertisement campaign, advising farmers to go in only for the chemically-treated certified seed to save their crop from the killer disease.

The availability of the certified seed of other kharif crops is reported to be very comfortable. In fact, it is for the first time in the country that quality seeds are available at almost all the distribution outlets in adequate quantity and in time for kharif sowing. Besides the public agencies, the private sector is also said to have played a significant role in this field.

The NSC has arranged distribution of over 9,000 tonnes of certified seed of coarse grains, including maize, jowar and bajra. This would be sufficient to cover about one million hectares of land. State seed corporations and private seed growers are also reported to have sufficient quantities of seeds of high-yielding varieties of these crops. The paddy seed being supplied by the NSC would help bring over 7.3 lakh hectares under improved high-yielding rice varieties.

CSO: 5450/0229

JAMAICA

FUNGUS FOUND TO INFECT PUMPKINS, HOT PEPPERS

Kingston THE DAILY GLEANER in English 13 Jul 85 p 21

[Excerpt]

RESEARCH carried out by Plant Protection Officers of the St. Mary Land Authority has revealed that pumpkins in several agricultural areas of the parish are infected with the fungus *Phomopsis cucurbitae*. The research has also revealed that hot peppers are infected with a fungus.

This was disclosed by Mr. C.E. Reid, Executive Director of the St. Mary Land Authority, as he delivered the Authority's report to the annual general meeting of the St. Mary Association of JAS Branch Societies held at St. Mary High School auditorium, Highgate, St. Mary, on Saturday, June 22. Mr. Reid indicated that the problem with pumpkins was a very serious one and said the domestic market cannot consume all the pumpkins produced in the country. He added that if the crop continued to be infected with this fungus the country stood to lose hundreds of dollars in foreign exchange.

He was of the view that one of the reason which caused pumpkins to be infected with fungus, was that over the years people did not spray their pumpkin fields, as they believed it should "spread all over and grow", adding that many farmers still have this same approach. He urged farmers to spray their fields at regular intervals and to seek the help of the Extension Officers in helping to avert this disease. Mr. Reid noted that pumpkin fields needed clearing and good husbandry, adding that the crop should be "cared and nurtured to come into production".

HOT PEPPER MARKET

The Executive Director of the St. Mary Land Authority said that hot pepper production in the parish had increased as there was a definite export market available. However, he said that research carried out had revealed that peppers in the parish were infected with a fungus disease and tests were being carried out to ascertain the type of disease which affected the peppers.

CSO: 5440/083

NIGERIA

BRIEFS

GUINEA-WORM INVADES VILLAGES—Guinea worm scourge is threatening the inhabitants of Ikwo local government area of Anambra State. The lives of the people are therefore in great danger, and as a result, something very urgent must be done, to alleviate the situation. The senior health superintendent, Mr. P. O. Odo, who is on an enlightenment tour of the communities attributed the situation to the soil infestation of the area, coupled with poor sanitary habits of the people. He observed that the people drink mud water without any form of treatment. He later educated them on how best to treat their water. Mr. Odo revealed that out of 3,427 premises he inspected about 1,110 lacked pit latrines, while 520 had dirty surroundings. He advised the community to maintain a high standard of hygiene, so as to reduce the incidence of guinea worm scourge. He stressed the need to ensure that health care delivery reached all and sundry, adding that the expanded programme on immunisation should be carried to the hinterland by equipping the health centres in the area with necessary drugs and materials. About 200 patients were treated of different diseases including guinea worm in various health centres in the local government area in May 1984. [Text] [Lagos DAILY TIMES in English 19 Jun 85 p 24]

CSO: 5400/167

VIETNAM

AGRICULTURE MINISTRY REPORTS ON PEST DAMAGES

BK151246 Hanoi Domestic Service in Vietnamese 2300 GMT 10 Aug 85

[Text] The Vegetation Protection Department of the Ministry of Agriculture recently issued a notice saying that stem borers, rice leaf beetles, brown planthoppers, rice planthoppers, and rice caseworm are currently causing damage in some provinces.

In the northern provinces in particular, stem borers have continued to spread, first ravaging late rice seedlings then attacking early rice plants. In Thanh Hoa and Haiphong Provinces and some Bac Bo midland provinces, the average density of rice leaf beetles is 10-20 insects per square meter. In certain areas, there are as many as 100 rice leaf beetles per square meter. Meanwhile, brown planthoppers and rice planthoppers have begun to appear in a number of localities.

In the southern provinces, stem borers, brown planthoppers, and rice plant-hoppers have continued to cause substantial losses of the rice crop in the Melong River delta, while other crops such as soybeans and bindweed are still being affected by leaf-eating caterpillars and oriental leaf disease. Although the density of various kinds of insects is still light, we should pay attention to exterminating them as soon as possible to prevent them from spreading.

It is forecast that in the period ahead paddy stem borers, rice leaf beetles, and rice caseworms will continue to spread while the number of brown plant-hoppers and rice planthoppers will gradually increase in areas where rice plants are tillering. In the southern provinces in particular, rice blast and aphelenchoides oryzae will cause damages in some areas.

The vegetation Protection Department reminded all localities to concentrate on completing the transplanting of late 10th-month rice crop and accurately forecast the development of fourth-generation stem borer caterpillars so as to launch a drive to use lanterns to promptly exterminate these insects as well as rice leaf beetles, rice caseworms, brown planthoppers, and rice plant-hoppers when they reach a high density, thereby preventing the pests from spreading to larger areas and causing substantial damage to rice, subsidiary food crops, and industrial plants.

VIETNAM

MEASURES TO LIMIT PEST DAMAGE TO 5TH MONTH SPRING CROP

Haiphong HAIPHONG in Vietnamese 24 May 85 p 1

/Article: "Prevent and Control Pest Damage to End-of-Season 5th-Month Spring Rice Crop"/

/Text/ The plant protection municipal branch announced the damaging activities of insect pests on end-of-season 5th-month spring rice crops as follows:

Due to unfavorable weather, rice growth has lagged behind, causing uneven heading, with buds just now sprouting in many fields. Insect pests are appearing, and, will appear, apt to impair productivity.

--Silver-leaf disease (*Xanthomonas oryzae*): As of now, preliminary estimates of affected areas in the 3 districts of Thuy Nguyen, Do Son and Kien An are put at 8,000 hectares, of which 2,000 hectares are hardest hit.

--Pests are expected to spread with damaging effects on rice leaves.

--Paddy stem borers: Compared with the same period last year, larvae density has increased 3.4-fold. In some fields, the extent of damage is almost equal to that during the 1984 10th-month rice crop, with 24 larvae per square meter and with 9.8 percent of the buds withering away. Medium moth growth, which began intensively from 20 May, is expected to decrease by the beginning of June, while larvae carrying silver-leaf disease will attack rice heads from 25 June onward.

--Brown leafhopper: Some pockets of contagion with from 10,000 to 15,000 harmful insects per square meter have appeared in Dang Cuong (An Hai), Da Phuc (Do Son), Truong Thanh (Kien An) and Luu Kiem (Thuy Nguyen). End-of-season hot sunny weather is conducive to pest development.

There are other pests as well, including rice leaf beetles, rice bugs, leaf folders, etc.

To exterminate pests and protect rice crops, the plant protection municipal branch suggests that the agricultural section and the plant insurance corporation in each district continue to guide peasants to carry out the following measures:

--Against silver-leaf disease: Apply previously announced measures.

--Against paddy stem borers: Delimit areas of tardy rice growth, then spray chemicals to exterminate larvae, trap them with kerosene lamps and cut end-of-season silver leaves to curb pest spread to the 10th-month crop.

--Against brown leafhoppers: Increase ricefield inspection to detect pockets of contagion for prompt control and extermination. Prevent end-of-season rice blast.

9213

CSO: 5400/4419

JPRS-TEP-85-014
3 September 1985

VIETNAM

BRIEFS

PROTECTING SEEDLINGS, RICE AGAINST INSECTS--According to a notice issued by the plant protection department, in the northern provinces paddy stem borers with high concentrations reaching 60 insects per square meter at places, are hurting rice crops, causing more leaves to wither away, compared with the same period last year. At the same time, skippers and leaf beetles are spreading and are likely to damage heavily 10th-month rice seedlings in the second half of July. Leaf-eating caterpillars and leaf rust continue to harm summer vegetable and subsidiary food crops. In the southern provinces, stem borers, leaf folders, Apelenchooides oryzae, paddy thrips and gall flies continue to damage summer-autumn rice crops. Particularly in the central coastal areas, stem borers have seriously hurt tardy rice crops. The localities have actively carried out all prevention and control measures, exterminating pests throughout the entire 10th-month seedling area, removing stem borer nests, trapping rice leaf beetles, skippers and gall flies with nets, and spraying insecticides on high concentrations of other harmful insects. /Text/
/Hanoi NHAN DAN in Vietnamese 12 Jul 85 p 4/ 9213

CSO: 5400/4419

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September 9, 1985